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A CLINICAL LECTURE.

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[Reported by Avron Newman.]

Tetany and Its Treatment by Hypnotic Suggestion.

Lecture I.

Some of you may recall the case which I present to the class this morning. He is a waiter by occupation, and 28 years of age. There is nothing in his family or early personal history that is of any special importance. His health was relatively good up to about three years ago, when, while engaged at his occupation, spasms developed suddenly, without warning, in the left arm and leg, causing him to drop a tray of dishes which he was carrying, and to fall against a table. After the attack spasms recurred with varying frequency up to the present time.

When I first saw him about two years ago, the spasms implicated only the left side of the body. At that time, there was decided impairment, on the affected side, of the sensations of touch, pain, localization and temperature; and although, then under continuous treatment, the spasms continued unabated. I did not see the patient again for over a year, when he called at my office about two weeks ago. His condition was the same as when I first saw him, with, however, this addition to the disease, that the right side of the body was also involved in the tonic spasms, and, in fact, every voluntary muscle of the body was implicated.

This patient has suffered many privations. At an early age he was exiled with his parents to Siberia. From Siberia he escaped to China, where, for one year, he worked among the coolies in the tea plantations. At Hong Kong he acted as interpreter for the Russian consul. He then became a whaler. Later, we find him crossing the Mojave desert, when, overcome by thirst, he drank his urine. But no privation hitherto suffered is equal to the present one, for while in possession of good bodily health, he is unable to follow his vocation owing to the presence of the spasms.

I told you, that when I saw him two weeks ago, the spasms were as pronounced on the right side as on the left. Knowing the futility of previous methods of treatment, I employed hypnotic suggestion and commanded the spasms to disappear on the right side of the body, so that he could return to his work. I have, however, reserved for your observation, a complete picture of the disease as it appears in the left half of the body.

The affection from which he he suffers is known as tetany. It is an extremely rare disease. Up to the year 1876, only one case was reported in the Russian literature. In the discussion of the case of Dr. Stewart at the Association of American Physicians, at Washington, in 1889, Weir Mitchell remarked that he had seen but two cases, while Pepper had seen but one—occurring in a child. Four varieties of tetany are usually described: (1) Epidemic or rheumatic. (2) Tetany of exhaustion. (3) After thyroidectomy. (4) Tetany associated with dilatation of the stomach.

Epidemic tetany has prevailed in certain parts of the continent of Europe. Von Jaksch has recently studied this variety. He regards it as infectious and finds that it is accompanied by a slight elevation of temperature. This variety is acute, lasting two or three weeks and has a favorable prognosis.

The second variety is observed after exhausting conditions, such as lactation and diarrhea. In this variety the disease is acute and the prognosis good.

The third variety has been observed to follow removal of the thyroid gland. Thirteen cases of tetany of which six proved fatal, followed seventy-eight operations for the removal of the thyroid gland by Billroth. In dogs, experimental tetany has been produced by removal of the thyroid gland. Experimental tetany is somewhat analogous to experimental diabetes produced by removal of the pancreas. In the latter form of diabetes, it is supposed, that the glycolytic ferment which promotes the assimilation of glycogen is no longer produced. Similarly, the thyroid gland, may produce an anti-toxic ferment which renders innocuous the toxines produced in the body. In the dog, if one-half of the thyroid gland be removed at a time and the first half implanted in the peritoneal cavity before removal of the second half of the gland, then death of the animal does not occur.

The fourth variety of tetany is associated with dilatation of the stomach. This variety gives a most unfavorable prognosis. Eight cases of tetany occurring with dilatation of the stomach collected by Müller, gave a mortality of 66 per cent.

Before this patient came to me, he was treated for dyspepsia. You observe that percussion shows immense dilatation of the stomach. Now, dilatation of the stomach is supposed to produce the disease in one of three ways: (1) By dehydration of the blood. (2) By reflex action; and (3) By the production of toxines. The latter theory is the only rational one; but it is of little value in the treatment of our cases. I have extracted the toxic alkaloids in the fermented products from this patient's stomach and injected them into animals, but without obvious results. Then, again, repeated washing of his stomach at the time he first came under observation, was not followed by any manifest improvement; in fact, the tonic spasms were intensified. Tetany occurs more frequently in males than in females. It is a disease of early adult life and is frequently encountered among the artisan classes, which fact has led a recent writer to include it among the professional neuroses.

There are three symptoms of this disease which are considered pathognomonic: (1) The phenomenon of Trousseau. (2) Increased electrical irritability. (3) Increased mechanical irritability of the motor nerves.

The symptom of Trousseau is of diagnostic and prognostic importance, as it exists in the intervals between the paroxysms, and, when present, the recurrence of the spasms is always possible. If, according to Trousseau, the nerve trunk or artery of the affected extremity is compressed, spasms develop in the implicated muscles. One writer has recently settled the question whether Trousseau's phenomenon was due to pressure on the nerve or on the vessels, by experiments on animals. Having produced tetany in dogs by extirpation of the thyroid, he succeeded in bringing on the spasm by pressure on the nerve, pressure on the artery alone being without effect. If I press on any of the nerve trunks or branches of the nerves on the left side of the body, I at once obtain tonic contraction of the muscle or muscles innervated by the branch pressed on.

You will also note in this case, that when I irritate the skin of the arm by pinching, I obtain spasms of less intensity. Even the rudimentary muscles of the external ear contract when pressed upon. You also observe, that when the phrenic nerve in the neck is compressed, singultus follows; and laryngismus is noted on slight compression of the recurrent laryngeal nerve. I will show you a little maneuvre, which I taught the patient, in order to overcome the tonic spasms. If I press on the nerve trunks supplying the flexor group of muscles, spasms of the latter occur at once and would continue a varying length of time, if I did not compress the nerve trunk supplying the opposing or extensor group of muscles which at once overcomes the spasm in the flexors. The second symptom is increased electrical irritability. In this case, indirect irritation of the muscle, results in kathodal opening tetanus with mild currents.

The third symptom, is manifested by percussion on the motor points which results in contraction of the muscles. I wish you to note another symptom in this case, which is not usually described, viz: volitional spasms. When he attempts voluntary movements of any kind, a tonic cramp of the muscles concerned in movement, follows. This symptom corresponds with Thomsen's disease, an hereditary affection characterized by cramp of the muscles on attempting voluntary movements.

There are no anatomical lesions peculiar to tetany. There are no agents which possess a specific influence in this disease, consequently our treatment is purely symptomatic. At the next hour, I will again present the patient to the class, in order that you may observe the results attained by hypnotic suggestion.

LECTURE II.

This morning, I present the same patient, who occupied our attention at the last hour. Under the influence of only four hypnotic suggestions, the spasms have disappeared from the left half of the body and he is now able to follow his occupation without interruption.

Psycho-therapeutics, or treatment by suggestion, is a modern development of medicine. About 33 years ago, Dr. Liebault published a book in which cases were cited as having been successfully treated by suggestion. Liebault was then an obscure practitioner in Nancy, and his writings were looked upon as chimerical, until Prof. Bernheim, of the same city, a man of great reputation, began to investigate the subject as a sceptic, and became convinced of the correctness of Leibault's observations. Subsequently hypnotism was investigated by other physicians, until, at the present time, it includes among its adherents, the most eminent men in our profession.

No one who has ever studied the subject can fail to appreciate the wonderful influence of the mind on the body. Every physician of large practice can instance case after case showing how the mind influences the corporeal functions both in health and in disease. The story is related of a patient, who receiving a prescription from his physician, was told, "that it would do him good." At the patient's next visit he was asked, "if he took his medicine regularly." The patient replied that "it was unnecessary," he had swallowed the prescription according to directions and "it had done him a power of good." I had occasion to prescribe a purgative and hypnotic for a patient. He was an inveterate sufferer from insomnia and at the time no sleep had been obtained for three nights. At my next visit, I was informed that "he had slept splendidly," a fact which was rather surprising, when I discovered that he had, by mistake, taken the purgative as an hypnotic. I did not disabuse his mind, especially as he continued to obtain the same effect from the supposed sleeping medicine after each administration.

A well-known chloroformist had occasion to give ether to an hysterical girl, who was about to have two small scalp tumors removed. He found that the ether bottle was empty and while waiting for a new supply to be brought, he instructed the patient how to take deep breaths. After a few deep inspirations, she cried, "I am going off," and became unconscious. Both tumors were painlessly removed in this state. It was subsequently learned, that the girl had taken ether once before and the association of ideas merely recalled the former effects of the ether. Odors, particularly of flowers, may bring on a paroxysm of asthma, and one physician induced an attack by allowing the patient to smell an artificial rose. Students often suffer from the diseases which they are studying. Frank relates, "that when studying diseases of the heart, he suffered from cardiac palpitations for quite a time, and he could not convince himself that he did not have an aortic aneurism. It was Broussais who promulgated the theory that all diseases originate from the gastro-enteric tract, and that one symptom of incipient disease was epigastric tenderness. His students, after a lecture, attempted to elicit this tenderness, and they succeeded so admirably by repeated thumping, that nearly all became victims of disease.

These incidents show how the mind or imagination may produce disease by auto-suggestion. Consciousness of our corporeal functions is one of the best evidences of disease. A healthy man is not subjectively conscious that he has a stomach, or, for that matter, any other organ. Let him once direct his attention to an organ and he will soon suffer from certain functional disturbances. Hunter could produce a sensation in any part of his body by concentrating his attention on it. If you will fix your attention for a few minutes on any one of your fingers, you will soon experience certain sensations, which in some cases amount to actual pain. It is beyond question, that structural changes of the tissues can be induced by continued morbid attention. Take, as an instance, the sexual hypochondriac. His disease while in the main psychical, is accompanied by manifest organic changes in the sexual apparatus. Now, if disease can be produced by the imagination, the same mental phenomenon can produce cures. You might go further and say, "If auto-suggestion will produce diseases, auto-suggestion will produce cures." We know, however, that patients are not likely to suggest that they are well when they are sick; on the contrary, there is a tendency on the part of the patient to exaggerate his sensations as a result of conscious introspection. Every physician knows what encouragement will do for his patients; in fact, suggestion plays so important a part in therapy, that it is difficult to determine the real value of any remedial agent. There are iconoclasts in medicine who even claim that the therapeutical value of electricity is purely suggestive.

You might reasonably ask, "If you can accomplish so much in the wakeful state, why try hypnotism at all?" I will reply, that non-hypnotic suggestion should always be attempted before hypnotic suggestion is used. Thus with children. You may accomplish as much in curing certain functional affections by non-hypnotic as by hypnotic suggestion. Do not for a moment consider that hypnosis is a harmless condition; on the contrary, it is a diseased state—a neurosis if you will—which is just as different from ordinary sleep as is a normal from a morbid function. According to the theory of Herbert Spencer, which is accepted by the majority of psychologists, the brain is capable of two kinds of nervous action, one instinctive and automatic, the other rational, volitional and deliberative. The former are the lower, the latter the higher psychical functions. Hypnotism by subduing the latter, gives prominence to the former. The more a man is controlled by reason than by instinct, the less susceptible he is to external impressions. It is easier to treat a patient who is governed by instinct than one who is dominated by reason; and it is equally true that patients of the latter class yield less readily to the hypnotic influence. You cannot imagine how difficult it is to treat a physician, who is a sufferer from some real or fancied ailment; his knowledge of disease, together with a fertile imagination, gives him unlimited scope in his deductive reasoning.

Hypnosis, when used only for purposes of diagnosis, wields a mighty influence in therapeutics. Let me explain: Hysteria, as well as many other functional diseases in which ideas control the body and produce morbid changes in its functions, when once diagnosed are readily cured; in fact, diagnosis constitutes the treatment. When you are capable of anesthetizing the higher psychical functions, as you can by hypnotism, you eliminate all obstacles to diagnosis. In 80 to 90 per cent. of all persons, hypnosis can be induced; in fact, Bernheim maintains that a physician incapable of hypnotizing at least 80 per cent. of his patients is unskilled in the methods of hypnotism.

I will simply command this patient to go to sleep. You notice that the patient is asleep. All patients do not yield so readily as he. A patient's susceptibility to hypnotic influence increases each time he is hypnotized. The duration of hypnotic sleep varies as with natural sleep. The average duration is about three or four hours. In a few cases when patients were left undisturbed, the sleep lasted fifteen and eighteen hours. If I wish to awake this patient a simple command is all that is necessary.

Let us suppose that he came to me for the first time for treatment by hypnotic suggestion. How would I proceed? I first ask him to fix his eyes on my hand, which I hold above his head. I tell him to think of nothing but sleep. I then suggest to him gradually that his eyesight is becoming dim; that his eyelids are feeling heavy; that he wants to close them; that he is drowsy; that he is asleep. The object of having the patient fix his attention on my hand, or for that matter on any other object, is to strain the accommodation and thus tire the sight; the eyesight becomes dim owing to dilatation of the pupils; the eyelids are heavy owing to the strain in keeping them open, and they close of their own accord; then the association of ideas conjured up by the patient usually results in sleep.

Charcot's division of hypnotic sleep into three stages—(1) Lethargy, (2) Catalepsy, (3) Somnambulism—is purely arbitrary. The profoundness of sleep is not always an index to results obtained by psycho-therapeutics. The stage of lethargy is the easiest to obtain, and will, as a rule, suffice for suggestive therapeutics. To bring our patient into the second stage, all that is necessary will be to raise the eyelids. The patient is now in a condition of catalepsy; the limbs are plastic and remain in any position in which they are placed. If I now rub the subject's head, I convey him to the stage of somnambulism. In this stage there is an unusual acuteness of the senses. To demonstrate this: I will blindfold him, and then touch one of you in the class. I will then direct him to touch the person whom I touched. You observe that while there are almost one hundred persons present, he walks unhesitatingly to the place indicated.

In order to secure all the psycho-therapeutic effects of suggestion in a given case, I rub or move the part affected and suggest the disappearance of the spasms or paralysis or pain, as the case may be. Relapses after psycho-therapeutic treatment are frequent, and it will be necessary to repeat our hypnotic *séances* at intervals in this case before definite results are attained.

ELECTRICITY IN OPHTHALMOLOGY.

By Wm. Ellery Briggs, M. D., Sacramento, Cal.

Read before the Sacramento Society for Medical Improvement.

It is not my purpose to attempt an elucidation of the laws governing electrical force, nor to explain the method of its beneficial medical action. This branch of the subject is of great interest, but I will leave it to those more competent to make clear the intricacies of electrical medication. What I have to say this evening will be on some of the practical applications of electricity in ophthalmology. I will not complicate the subject by attempting to give all the diseases in which electrical treatment may be of use, but will limit my remarks mainly to its application in those cases in which I have found it of benefit or where it has proved preferable to other methods of dealing with the affection.

Constant Current.—The opinions of ophthalmologists vary greatly in regard to the efficacy of electricity in the treatment of diseases of the optic nerve and retina. There is no doubt that if improperly used it is an actively injurious agent. In inflammation of these tissues—the stage of disease preceding atrophy—the use of the electric current will do harm, while in the later or beginning atrophic condition we frequently have gratifying results from the constant current. This is generally the case when the cause of the trouble has been removed. In the late stages neither galvanism nor any other treatment seems to have any appreciable influence. My experience has taught me that only in a small percentage of properly selected cases are we likely to have our patience, after weeks of treatment, rewarded by improvement in the vision. A current of from two to three milliamperes should be passed from the anode on the closed lids and the cathode either on the nape of the neck or in the subaural region. The sittings should continue from five to fifteen minutes daily during a period of two or three months.

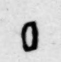
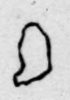
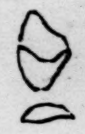
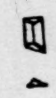
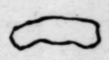
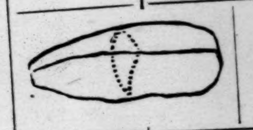
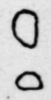
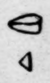
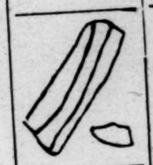
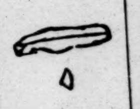
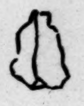
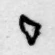
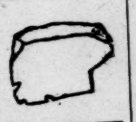
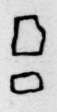
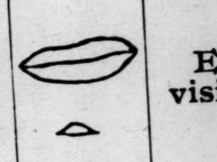
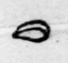
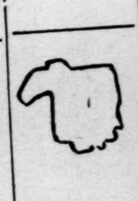
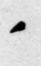
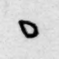
Electricity is beneficial in the same class of cases that strychnine, either injected into the temples or administered internally, improves. In fact the two remedies are used conjointly with the most satisfactory result. In tobacco amblyopia the constant current is administered in connection with strychnine with the happiest effect. Treatment of this disease is useless unless abstinence from the exciting poison be observed. Alcohol is also a cause of optic nerve disease, frequently resulting in amblyopia, for which total abstinence from the toxic agent, galvanism and strychnine is the most efficient treatment. In many varieties of muscular paralysis, recovery is hastened by the aid of the constant or the Faradic current. Those following diphtheria usually recover unaided, but progress more rapidly under galvanism and appropriate tonics.

In muscular paralysis, either the constant or the interrupted current may be used. In case the interrupted or Faradic current is applied, it can be administered directly over the affected muscle after cocainizing the conjunctiva, while the other pole should be placed in the subaural region or on the nape of the neck.

The constant current should be administered by one pole being placed on the closed lids and the other on the neck or subaural region. In tobacco amblyopia, and in toxic amblyopias generally, we can give a favorable prognosis in the earlier stages, but in nearly all such conditions a time arrives, if the toxic agent be continued long enough, when no treatment will have any influence.

The prognosis in the case of atrophy is determined by the cause of the disease. If the cause can be removed and the atrophy is not too far advanced, one can expect considerable improvement from treatment.

Exophthalmic goitre, although not purely an ocular disease, may be mentioned in this connection, as the proctosis is one of the prominent symptoms of the general nervous disturbance. The great acceleration of the pulse rate, enlarged thyroids, prostration, and disturbed appetite often being endured by the patient till the prominence of the eyes makes him seek advice. The effect of electrical treatment of this condition is undoubted, but it is slow, and must be persevered in for several months, aided by appropriate medication to correct the intercurrent symptoms. For the exophthalmos, the current may be passed transversely through the orbits, or preferably, one pole on the closed lids and the other below the ear on the same side. To reduce the enlarged thyroid the current may be passed transversely through the glands or from the glands to

NAME. Date of First Examination.	Supposed Location of Foreign Body.	Length of Time since Injury.	Condition of Eye.	Operation.	Foreign Body, Actual Size.	Final Result.
M. A—— Sacramento. Jan., 1882.	In iris.	Four days.	Iritis; with considerable inflammatory exudate in anterior chamber.	Incision in lower border of cornea with cataract knife, through which point of electro-magnet was introduced and steel extr'd.		Vision perfect.
J. M——, Rocklin. March, 1882.	In vitreous.	Same day.	Perforating wound of cornea, iris, and lens; hemorrhage in vitreous; no foreign body visible.	Incision made through conjunctiva and sclerotic behind ciliary region; point of magnet introduced into vitreous, thro' which steel was extracted.		Traumatic cataract; field of vision good, and good perception of light; favorable condition for extraction of cataract.
F. W——. Aug., 1882.	In vitreous.	A few hours.	Wound in ciliary region of left eye; vitreous filled with blood.	The existing wound slightly enlarged, through which the magnet was introduced, but failed to attract the steel.		Eye was enucleated, and steel found firmly imbedded in sclerotic in fundus of eye.
T. B——. Aug., 1883.	In iris.	One day.	Wound in lower half of cornea; foreign body seen attached to iris.	Incision in lower border of cornea, thro' which magnet point was introduced and steel withdrawn.		Vision perfect.
J. O——. April, 1884.	In vitreous.	A few hours.	Wound of cornea, ciliary body, iris and lens of right eye; much blood in vitreous; no view of fundus.	Magnet point introduced thro' original wound and steel ext'd.		Count fingers at 12 feet, but later on detachment of retina and only perception of light; free from irritation.
R. M——. June, 1884.	In vitreous.	A few hours.	Cornea, iris and lens extensively wounded; vitreous filled with blood; no view of fundus.	Magnet point introduced thro' sclerotic incision, but failed to extract steel.		Eye enucleated; steel found attached to sclerotic near papilla.
J. McC——. Dec., 1885.	In vitreous.	A few hours.	Cornea, iris, lens and sclerotic wounded; vitreous filled with blood; no view of fundus.	Magnet point introduced into original wound without success.		Patient lost sight of.
M. T——, Los Angeles. Jan., 1889.	In vitreous.	Four days.	Small corneal wound; posterior synechia; lens nearly all opaque; uncertain reflection from f. b. in vitreous, near lens.	Magnet point introduced thro' incision posterior to ciliary region between external and inferior recti-muscles; steel extr'd.		Traumatic cataract; field of vision good; favorable for cataract extraction.
M. V——, Rocklin. April, 1889.	In vitreous.	Six days.	Scar in lower part of cornea; perforating wound of iris and lens; foreign body seen in vitreous.	Incision through sclerotic, in which magnet point was introduced and steel withdrawn.		In ten days all irritation had subsided; with vision $=\frac{20}{70}$; favorable for cataract operation later.
T. M. S——. July, 1889	In vitreous.	Two days.	External border of cornea, iris, lens and sclerotic wounded; vitreous filled with blood; no view of fundus.	Posterior end of wound enlarged and magnet point introduced; steel extracted.		Inflammation and irritation subsided in ten weeks; total blindness.
G. B——, Sacramento. June, 1890.	Partly in iris and betwe'n iris and lens.	A few hours.	Wound of cornea, close to external border; steel could be seen in iris.	Fine magnet point introduced into original wound and steel withdrawn.		Eye well in two weeks; vision perfect.
J. T. C——, Lathrop. Nov., 1890.	In vitreous.	One day.	Wound of cornea, iris and lens; vitreous filled with blood; no view of fundus.	Point of magnet introduced through sclerotic incision, but no foreign body withdrawn after several attempts.		Enucleation; steel found in vitreous close to sclerotic.
T. W——, Sacramento. Nov., 1890.	In vitreous.	Four days.	Cornea and lens injured; lens too opaque to get view of fundus.	Introduced magnet point thro' sclerotic incision, but failed to extract foreign body.		Eye enucleated; steel found attached to sclerotic, near optic nerve.
L. C——, Napa. Oct., 1891.	In vitreous.	Three days.	Wound of cornea sclerotic, iris and lens; vitreous filled with blood; no view of fundus.	Magnet point introduced thro' sclerotic incision and steel extracted.		Perception of light; eye free from pain and irritation.
L. McH——, Sacramento. Dec., 1891.	In vitreous.	Eight days.	Wound of cornea, iris and lens; vitreous filled with blood; no view of fundus.	Magnet point introduced thro' sclerotic incision and steel extracted.		Eye totally blind; later, it became painful and was enucleated.
Wm. C——, Freeport. Sept., 1892.	In vitreous.	One day.	Wound of lower border of cornea and prolapse of iris; f. b. seen pressing against sclerotic 3 or 4 lines from corneal border; passed by edge of lens without wounding it.	Magnet tried at entrance, wound without success; incision made in sclerotic where the f. b. was seen pressing, through which magnet drew the steel.		Eye recovered in two weeks; vision perfect.
J. C——, Wadsworth, Nev. Sept., 1892.	In vitreous.	One day.	Wound of cornea, iris and lens; lens quite opaque; only slight reflex from fundus; no foreign body seen.	Magnet point introduced into vitreous, through incision in sclerotic, and steel withdrawn.		Traumatic cataract; eye well in ten days; favorable for cataract extraction.
V. S——, Sacramento. Sept., 1892.	In lens and vitreous.	A few hours.	Wound of cornea, iris and lens; foreign body partly in lens and partly in vitreous.	Introduced magnet point into corneal wound and withdrew steel.		Eye slightly painful for 3 weeks; traumatic cataract; perception of light disappeared from observation when nearly well.
J. W. B——, Portland, Or. Nov., 1892.	In vitreous.	Five weeks.	Traumatic iritis; greyish-white opacity in lower part of vitreous.	Introduced magnet point thro' scleral incision near vitreous opacity, and extracted fragment of steel.		Vitreous opacity remains less dense; severe pain entirely subsided from time of operation; vision $=\frac{20}{200}$.
D. R. J——. Nov., 1892.	In vitreous.	A few hours.	Small wound of sclerotic and conjunctiva on temporal side of left eye; foreign body seen in vitreous external to centre.	Sclerotic incision made near penetrating wound, thro' which magnet point was introduced and steel withdrawn.		Vision perfect; reaction very slight; patient went to work in seven days after accident.
T. S——. Nov., 1892.	In iris.	Five days.	Small corneal wound; foreign body on iris near lower border, too small to be certain at first; severe iritis, with posterior synechia.	Sclero-corneal incision, but after three introductions without finding f. b., and not seeing it in eye, concluded it had been extracted and lost.		Vision perfect; iritis and pain ceased from time of operation.
D. B. C——, Georgetown. Dec., 1892.	In iris.	Three weeks.	Small wound of cornea; iritis and severe pain; no f. b. visible; patient and physician had seen f. b. in anterior chamber after having been in corneal wound for several days.	Sclero-corneal incision thro' which magnet point was introduced. No foreign body seen.		Vision perfect; intense pain and irritation subsided from time of operation.

NOTE.—In cases 3, 4, 8, 9, 10, 11, 15 and 16 the lower figure shows a section of the foreign body at its greatest diameter.

the nape of the neck. Only a weak, continuous current should be used and the sittings should last from ten to twenty minutes.

Electrolysis.—The results of electrolysis in a few pathological conditions of the eye, are exceedingly satisfactory. The most frequent cases in which it is particularly efficient are those of trichiasis, especially where the misplaced cilia are not numerous. In districhiasis it is generally best to do an operation to restore the position of the lid rather than to destroy the individual cilia. The injurious effects of a few distorted cilia is very great, often leading to corneal ulceration and blindness. These can be quickly and completely destroyed by electrolysis, with infinite relief to the patient. The negative pole of a mild current should be connected with a fine needle and the positive pole attached to a sponge electrode, so that the patient can complete the circuit by touching it with the hand when desired. The needle is inserted into the hair-bulb and the circuit closed for a few seconds. The operator should gauge the time the electrolytic action should be maintained by the amount of hydrogen generated, by which he can estimate the amount of destruction that has taken place.

In the destruction of nevi and vascular tumors on the lids and about the eyes, electrolysis surpasses every other treatment. Electrolysis has also been employed to set up plastic inflammation in a chalazion sac. This method of treating chalazions cannot be recommended except perhaps in exceptional cases, in which the more radical procedure of extirpation cannot be done.

The past summer I saw, to me, a new application of electrolysis at the Quenz Vente Hospital, in Paris. It was used with a view of setting up adhesive inflammation between the retina and subretinal tissues in detachment of the retina. I fear, however, that the result of this, as well as the numerous other treatments devised to remedy a rather hopeless condition, will not result favorably.

Galvano-Cautery.—The galvano-cautery is coming into general use in ophthalmological practice. In corneal ulcerations its beneficial effects are very prompt, and one rarely sees the good results of treatment more marked than in infected corneal ulcers with hypopion, when promptly treated. In a single day quite an extensive hypopion may disappear, and the spread of the ulceration be checked. This condition occurs quite often among harvest hands in this State who are exposed to septic infection, as well as in miners who have continued to work in exposed places after having an abrasion of the cornea. The cautery point, brought only to a red heat, should be quickly touched to the ulcerating surface, care being taken not to destroy healthy tissue, but all of the ulceration should be gone over. The heat acts as a germ destroyer, and also forms a dense eschar, which acts as a barrier against their penetration. The galvano-cautery possesses the advantage of being more easily controlled than the actual cautery, which was originally used for this purpose by Dr. Martinache, of San Francisco. If there is a considerable amount of pus accumulated in the anterior chamber, it would be best to evacuate it by paracentesis, washing the wound, or even the anterior chamber if necessary, with a solution of boracic acid. The eye should then be dusted with iodoform and sterilized dressings applied.

Deep and indolent ulcers of the cornea can be healed rapidly by touching with the galvano-cautery point. In certain forms of diffuse keratitis with excessive vascularization, the application of the cautery point to the pericorneal conjunctiva acts favorably in cases in which other treatment seems to have little influence.

In the galvano-cautery we have a simple, quick, and almost painless means of operating for ectropion and entropion of the lower lid. The cautery knife should be brought to a white heat and drawn along the surface of the lid that needs shortening a few lines from its border. The wound should be made far enough from the lid border to avoid destruction of the cilia bulbs and thus greatly mar the appearance of the patient. The amount of cauterization must be gauged by the extent of the eversion or inversion to be corrected. If only a part of the lid is misplaced, the incision should not be made long or deep.

The Electro-Magnet.—About four years ago I had the pleasure of presenting to this Society a short paper on the use of the electro-magnet, with a report of nine cases. (MEDICAL TIMES, August, 1889.) Since that time a more extended experience with the instrument has given me even a higher opinion of its usefulness than I then expressed. Not infrequently the ophthalmologist sees cases in which the timely use of this instrument would have saved the patient a useful visual organ which, through neglect or ignorance, has been destroyed and become a source of danger to the good eye.

Within the past three months I have seen two such eyes. One was totally blind from detached retina, vitreous opacities, etc., all produced by the presence of a foreign body. In one of these, injury had happened about a year previously, and, from the history of the case, I believe the eye might have been saved had a magnet been used soon after the accident. It was, at the time I saw it, a source of irritation, and I therefore excised a section of the optic nerve, hoping to be able to retain it for esthetic purposes without endangering the other eye. The other case was one in which the foreign body had been overlooked—perhaps it was at that time not visible—but when I saw the patient five weeks after the injury, he could count fingers at five feet;] there was severe iritis, with considerable inflammatory product in the lower part of the vitreous about the foreign body. Pain was very severe and constant, and the other eye was suffering from well-marked symptoms of sympathetic irritation. The steel was removed, completely relieving the pain, and in a couple of weeks the sympathetic irritation had subsided. He was allowed to return home at the end of three weeks, being able to count fingers at fifteen feet. Had the condition been recognized when first seen by a physician and the steel been removed, as it undoubtedly might have been more readily than later, the patient would probably have secured nearly perfect vision in that eye and have avoided danger of sympathetic trouble.

Another case illustrates the advantages of this instrument over any other method of removing fragments of steel even from parts of the eye where one can reach them with the forceps. In the case I refer to, a thin, uneven splinter, over ¼ inch long and nearly one line in the widest part, had penetrated the cornea, passed nearly through the iris, lying the largest part behind, partly within and partly in front of the iris. It had entered so nearly parallel to the iris that it had not injured the lens. It could not be grasped with the forceps without enlarging the entrance wound. Had that been done, I believe the capsule would have been wounded, but with the fine point of the magnet the steel was easily extracted through the original wound, and in a few days the eye was perfectly well, with vision as good as previous to the accident. Although one can extract most foreign bodies from the iris and anterior chamber with the forceps without leaving any permanent injury, my experience is that the magnet is more satisfactory and less dangerous.

Two recent cases of extraction of steel from the vitreous, resulting in perfect vision, are worthy of mention. The severity of the injury when steel penetrates the vitreous generally precludes the possibility of restoring the eye to its previous visual acuity. If, however, in penetrating, the central part of the cornea and the lens have escaped injury, by prompt removal before the foreign substance has set up an inflammatory process in the vitreous, perfect vision may sometimes be obtained. The first case of this kind was under my care last September. A piece of steel, eight mm. long and nearly three wide, cut the lower part of the cornea, wounded, and caused prolapse of the iris, passed by the edge of the lens downwards and backwards into the vitreous. The point could be seen pressing against the sclerotic, eight or ten mm. posterior to the corneal border. An attempt was made to withdraw the fragment through the original wound, but this failed, and an incision was made through the sclerotic near the point of pressure, and the steel was readily withdrawn. The prolapsed iris could not be easily reduced, and was therefore excised. Within two weeks the eye was quite well, with vision $\frac{20}{20}$. The second case was one in which the steel had penetrated the vitreous chamber just posterior to the ciliary body, and could be seen suspended nearly half way to the centre of the cavity. It was readily removed, and no perceptible defect could be discovered after ten days. Such results are very gratifying, as at least one of the eyes would have to have been enucleated previous to the introduction of the magnet.

The greatest triumph of the electro-magnet is in seeking out and extracting steel from the vitreous, when the nature of the injury has made it impossible to locate it with any certainty, or to be even absolutely certain of its presence until we see it extracted attached to the point of the magnet.

429 J street.

EMBOLISM OF THE POPLITEAL ARTERY FOLLOWING DIPHTHERIA.

By R. F. Rooney, M. D., Auburn, Cal.

My reason for reporting the following case is, that I consider it unique; my reading, correspondence, and experience, presenting nothing similar to it.

E. W——, female; age, 7 years; American parentage; living in a clean, new house, on a fruit ranch, within 2½ miles of Auburn; water supply good; air pure, and sanitary surroundings excellent. She was the second member of the family to be attacked with diphtheria; an elder brother, aged 11 years, having contracted the disease on a railway journey, and died of it after an illness of five days. On the third day after his death, the sister developed diphtheria in a severe form; both the fauces and nasal passages being attacked. For twelve days the patient hovered between life and death, and then began slowly to convalesce. She was left in a condition of extreme weakness, with impaired and irregular cardiac action.

Three days after I had dismissed the case, I was summoned to revisit her. Being unable, through other engagements, to at once attend the call, I ascertained the symptoms, gave some directions to the messenger, and promised to go as soon as I was at liberty. In this way, some hours elapsed before I saw her, when I learned the following particulars: About 4 P. M. the mother, who was alone in the house with the child, and attending to her household duties, heard a gasping, smothered cry, and ran to the bedside. The child was apparently dying. She was clasping the region over the heart with both hands, gasping for breath, the whole surface of the body blanched and cold, and covered with a profuse perspiration. The mother ran out and called to her husband, who was near by; he summoned his son and ordered him to saddle a horse and ride to town after medical aid.

Before the messenger was ready to start, the child became relieved, but, later on, complained of intolerable pain in the *bowels*, in the region of the umbilicus, and of coldness and numbness of *both* legs. Before my arrival this had passed away, under the use of hot blankets and stimulants. Warmth and feeling were restored in the right leg, and in the left as far as the knee, but from that point down, the limb was cold, bloodless, and shrunken.

Upon examination I found the surface waxy-white, all over the body; tongue pale and clean; she was complaining of constant nausea; heart's action very weak, but regular; pulse 140, scarcely distinguishable at the wrist; respiration, 22; temperature sub-normal, being 96° F. in the axilla, and 97.40° under the tongue. She complained of intense pain in the toes on the affected side; the leg was tightly flexed on the thigh, and could not be extended, owing to her outcries from the great pain it caused.

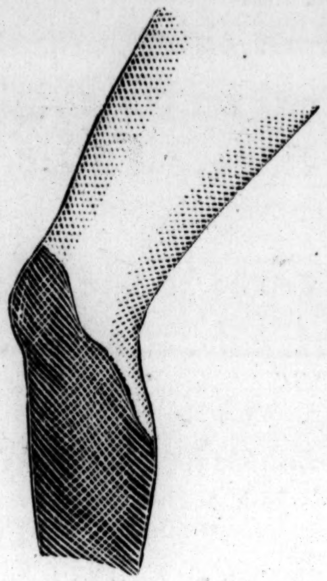
The diagnosis of embolus of the left poplitieal artery was made, and as the circulation below that point was completely cut off, the result would necessarily be gangrene. Prognosis: Loss of the limb, and, probably, life. Also great danger of similar occlusion of other arteries throughout the body.

After calling Dr. T. M. Todd in consultation it was thought best, in conformity with the best authorities, to wait for a line of demarcation to form, before amputating. Should I ever have a similar case, however, I will not follow this course, but will amputate at once, thereby saving the patient weeks of untold suffering, and with, as I believe, as good a prospect of success.

The following days were ones of great distress to the patient. The pain, which she always complained of as being in the toes, was of such constant intensity as to necessitate the use of large doses of opiates. The fixation of the limb, with the leg tightly flexed upon the thigh, and the thigh upon the trunk, confined her to one position, inclining towards the left side, and, in spite of all precautions, a large bedsore formed. She became terribly emaciated, as she almost positively refused all food. A little milk, mixed with Bovinine, and an occasional teaspoonful of champagne, was all she could take.

Nutrient enemata were tried, but had to be discontinued, owing to the irritability of the bowel. She had repeated attacks of vomiting, daily, and became so reduced that I recognized the fact that all risks must be assumed, and the offending member removed.

I expected the child to die upon the operating table, but felt that the chance for life should be given her, and so explained to the parents, who gave a full and free consent to do as I thought best. I therefore prepared her for the operation, and with the assistance of Dr. T. M. Todd, with Mr. J. Walsh to administer the ether, I amputated the thigh at the junction of the middle and lower third. The amputation was performed under the strictest antiseptic precautions, and was almost bloodless. After the bone was sawn through, the pulse and respiration ceased, and she seemed dying, but after artificial respiration had been tried a short time she revived, and gave no further anxiety. She made a rapid and uneventful recovery, the stump being healed inside of four weeks, and at the present writing she is a healthy, hearty child. I might here remark that albuminuria existed throughout her illness, but ceased during the the third week after operation.



The accompanying outline sketch shows the irregular and imperfectly formed line of demarcation, three weeks after embolism had occurred, and when amputation was performed. It will be seen by this that the gangrenous process begins at the upper border of the patella, and descends on the side of the knee (both sides were much alike) by an irregularly curved outline, to the top of the belly of the gastrocnemius muscle. The seat of the embolus accounts for the peculiar outline. The superior and inferior muscular branches of the popliteal have their origin just above the upper end of the clot, and were therefore free to supply the posterior aspect of the knee, as far down as the point indicated. The anterior aspect receives its blood supply from the inferior external, and inferior internal articular branches of the popliteal, and the recurrent branch of the anterior tibial artery. These being occluded, the gangrenous process extended so high in front as to necessitate amputation at the point selected.

The literature of diphtheria, as far as I have explored it, contains no record of such a case as the foregoing. That this embolus formed within the left ventricle of the heart, I have no doubt. The existence of an *ante-mortem* heart-clot in diphtheria is denied by many eminent authorities, but the proof that such a thing can occur is to my mind clearly demonstrated by this case.

The great prostration of the system, and weak cardiac action, following the acute stage of the disease, proved favorable to the growth of the embolus. But, instead of remaining within the heart, to enlarge and form a fatal clot, which I firmly believe causes a large percentage of deaths in this disease, it was dislodged whilst still small enough to escape through the aortic valves. It was then carried onward by the blood current until it reached a vessel of too small calibre to permit it to pass further.

The sequence of symptoms show this to have been the case. We have: (1) The favorable conditions already noted for its formation. (2) As it passed out through the aortic valves, there is a temporary lodgment there, evidenced by the sudden intense pain in the chest, dyspnea, partial syncope, blanching of the surface, and clammy perspiration. (3) These symptoms pass away as the embolus is forced along in the blood-current, but its temporary arrestment at the bifurcation of the abdominal aorta is marked by great pain in the bowels, in the umbilical region. Here it stops the circulation in *both* lower extremities, as shown by death-like coldness and loss of sensation. (4) It is gradually forced into the left common iliac, then into the external iliac, and finally lodges in the popliteal, at its bifurcation into the anterior and posterior tibials, where the smallness of the calibre of these vessels prevents its further progress. From this place I dissected it out, after amputation, where it had formed a firm whitish plug of fibrin, an inch and a quarter long.

TRAUMATISM OF KNEE BY PENETRATION OF RUSTY NAIL—SUPPURATION—OPERATION—RECOVERY WITH MOVABLE JOINT.

By G. Childs-Macdonald, M. D. (Brux.), F. R. C. S., (Ed.), M. R. C. S. E.,
Sausalito, Cal.

M. B——, æt. 13, a native of California, residing at Sausalito, was first seen October 2, 1892, complaining of pain and swelling of left knee, and inability to walk. Six days prior to date he had fallen on a rusty nail, which penetrated the joint. Pain commenced almost immediately, accompanied by swelling, which grew worse daily.

On examination, patient was found confined to bed with the knee semi-flexed and the capsule quite tense, owing to accumulated fluid. There was a recent cicatrix on the outer side, where the nail had entered. Temperature 102° F., and pulse frequent. A posterior splint was applied, and a horseshoe blister to the thigh, immediately above the joint, ordered.

October 7.—Patient's temperature has kept high and the general condition is aggravated; there is no diminution of the swelling, and to-day he has had distinct rigors. The joint was aspirated and sanious pus obtained.

October 9.—Assisted by Dr. H. J. Crumpton, of Sausalito, and Dr. G. F. Shiels, of San Francisco, the knee was laid open freely, on both sides of the patella, and a large amount of pus evacuated similar to that previously removed. The fingers were passed into the joint, which was thoroughly explored. The cartilages appeared smooth, and no erosions could be detected. The joint cavity was thoroughly irrigated with a hot bichloride solution (1:1000), a large drainage tube inserted, and a sublimate cotton dressing, with back splint, applied.

On the following day the wound was dressed, the tube being removed and replaced, and the joint irrigated with a bichloride solution (1:2000). The discharge was muco-purulent in character. The wound was dressed on the three following days, a smaller drainage tube being used on the 13th. The temperature had fallen to 99°. Patient continued to improve, and on the 18th the tube was removed altogether. The temperature and pulse were normal, the joint quite free from effusion, and the patella freely movable on the condyles.

November 1.—The wound has now quite healed. The limb was placed on a Thomas splint, with a high boot on the right foot, and thus equipped he was allowed to get up and walk with the aid of crutches.

At this date, over one year from the operation, the boy has a perfectly movable joint, and beyond the cicatrices on each side of the patella it would be impossible to determine that he had ever suffered any serious trouble, or that an operation had taken place. He goes to the public school daily, can run and jump as other boys of his age, and leads a vigorous out-door life. All this he has been able to do for the last seven months, flexion and extension being normal and painless. The Thomas splint was maintained for 10 weeks, after which passive motion and douching were commenced and continued until the leg was capable of being flexed to a right angle with the thigh.

I have purposely refrained from publishing this case until the termination of the year, believing that operative procedures on the great joints are not worth reporting until they have stood the test of at least 12 months' trial. The great success achieved with this patient was, I believe, due to the following causes: (1) The operation was performed at a sufficiently early date, prior to any erosion of the cartilages. (2) The incisions made were large and free. (3) A large drainage was used, giving full exit to all discharges. (4) Strong and strict antiseptic precautions were maintained.

In the majority of cases necessitating operations in and about the great joints, and lamentably often in other pathological conditions, the surgeon hesitates to face the inevitable—palliative measures are tried and golden moments lost in attempting "something else," a surgical play, with death to throw the dice. I have had the misfortune, both as a student and practitioner, to see joints such as this case represents, go to the bad often through that deceitful calm which takes place when the over-strained capsule gives way and the pus burrows deeply under the vasti muscles, leading the medical attendant to give a favorable prognosis, owing to the diminished tension in the joint. This is not an infrequent occurrence, ending in the doubtful complement of amputation in order to save life.

That "he who hesitates is lost," so far as it relates to acute joint disease, is absolutely true, for practically there is no risk in opening any of the large joints, providing ordinary surgical intelligence is used, with proper antiseptic precautions, and if the incisions be bold and free. Nothing, dirt excepted, is so fatal to success in surgery as little miserable pin-hole incisions, which let nothing out, but are sufficiently large to permit germs to enter. On these, with free drainage obtained and maintained, and attention to the general condition of the patient, largely depends our reputation as successful surgeons.

UTERINE TINKERING; WHAT IT IS AND WHAT IT IS NOT.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal.

Read before the California Northern District Medical Society.

Meddlesome midwifery was an expression much in vogue when I began the study of medicine, and like many an inane and glittering generality, exercised a vast influence, not less, perhaps, for evil than for good. That meddlesome midwifery is bad no one may either assert or deny until Pascal's first condition of mathematical demonstration is fulfilled—until the term meddlesome midwifery is clearly and explicitly defined.

Whether such definition was ever promulgated I am unable to say, but certain it is that none has been generally accepted by the medical profession. Accordingly every physician put into these awful words himself, or what is equivalent, his personal opinions, and found them sanctioned by unimpeachable authority. To one, meddlesome midwifery meant the use of the obstetric forceps before the utter exhaustion of the mother and the probable death of the fetus; to another, it meant the early rectification of abnormal presentations; to another, prompt and active interference in placenta previa, and to another, something still different, but equally absurd. To assume that such were the only interpretations of these words would be unjust to a learned profession. On the contrary these interpretations were as numerous and as various as the shades of ignorance and of intelligence in the medical profession.

More recently two other epithets, equally indefinite and equally opprobrious, have been thrust into medical discussion to mystify and terrorize the medical mind. These epithets, meddlesome gynecology and uterine tinkering, undoubtedly legitimate in their proper application, in the minds of many have fostered, if they have not created, the feeling that gynecic surgery and gynecology are equivalent expressions. Several conditions have contributed to this undesirable and indefensible feeling.

The inadequacy and consequent failure of the means formerly employed in uterine treatment, are perhaps foremost among these conditions. Many, if not most, of the diseases of women amenable to local interference, are of microbic origin. Their cure presupposes the strictest antisepsis of the infected tissues. Such antisepsis is difficult, even now; it was formerly impossible, without recourse to surgical procedures. Disappointed by the results of a treatment that was rarely beneficial, frequently injurious, and occasionally disastrous, the conscientious and progressive physician sought for other and more efficient methods. The brilliant coterie of ovariotomists immediately preceding the present era, had prepared the medical mind for a radical and imperious extension of the claims of surgery. Finally cleanliness and antisepsis, by affording immunity from infection, tempted the surgeon to the very verge of temerity.

The claims of surgery have reached their culmination in the recent declaration of a distinguished Parisian surgeon, that modern gynecology is but a branch of operative surgery. He might better and more truly have said that, in so far as woman is concerned, operative surgery is but a branch of gynecology. To this Parisian surgeon, then, uterine tinkering means every form of conservative uterine treatment; to Mr. Tait it means a little less; to other surgeons it means something less and yet something more. The same confusion exists in regard to the significance and limitations of uterine tinkering that formerly prevailed in regard to the significance and limitations of meddlesome midwifery. Hence the necessity of exact definition as a preliminary to intelligent discussion of this subject.

Uterine tinkering and its synonym, meddlesome gynecology, include every form of uterine treatment that does not seek to accomplish a rational end by rational means, and by rational or scientific means, is to be understood those means which enlightened experience has shown to be useful in a degree commensurate with the risk and labor of their employment. It will be seen that uterine tinkering has its surgical as well as its medical aspect. Easily foremost among the forms of uterine treatment which are neither rational nor scientific, is the routine use of the applicator. In conditions in which this instrument is ordinarily employed, the endometrium practically constitutes the walls of an abscess cavity. A muco-purulent secretion constantly pours into this cavity and escapes though the cervical canal. What happens now when the cotton armed applicator is carried into the uterine cavity? In passing the cervix the medicament is mostly expressed from the cotton, which passes on into the uterus, gathers a little mucus or muco-pus, abrades the mucous membrane at several points, and is withdrawn. What useful purpose can such applications possibly subserve? They are harmful even when seemingly most beneficial, for their curative influence is wholly restricted to the canal of the cervix which, as it improves, contracts and hinders drainage—the most important element in the treatment of uterine catarrh. They constitute uterine tinkering par excellence. They should be abandoned. Another form of uterine tinkering, less prevalent but equally reprehensible, is the introduction into the uterine cavity of sticks of lunar caustic. The best that can be reasonably expected of it is uterine colic and inflammation. Medicated bougies and medicated injections, unless for the purpose of cataphoresis, swell the formidable list.

Sponge, laminaria and tupelo tents are too often the instruments of uterine tinkering. They are all quite as capable of doing harm as good, and should be used with the utmost discrimination. Tents of any kind, I believe, should not be employed twice in succession, and sponge tents should be discarded altogether.

The form, size and position of the uterus can ordinarily be determined without the assistance of the sound. Its use then is ordinarily meddlesome, and without the strictest antiseptic precautions is always so.

Uterine tinkering, as we have said before, has its surgical as well as its medical aspect. In a neighboring city, ladies whose cervices do not need repair are said to be quite out of style, and trachelorrhaphy prevails as an epidemic, or, more correctly perhaps, as an epigynecic. The recent performance of this operation on a woman of fifty, eight years past the menopause, is reported from the Pacific metropolis; and strange enough, as the patient herself informs me, without the slightest influence on nasal polypi, floating kidney and chronic malarial infection with which I found her suffering a few weeks later. The lesions usually attributed to lacerated cervix, are mostly due to coincident metritis, or endometritis, whose cure should be effected before resort to treachelorrhaphy, which will then be ordinarily unnecessary—meddlesome.

Hysterectomy for uterine fibroids, before the thorough and conscientious trial of electricity, is more than uterine tinkering, more than meddlesome gynecology—it is an unwarrantable imperiling of human life. Total hysterectomy in the late stages of uterine cancer, is likewise "meddlesome." Exploratory incision, so lightly undertaken nowadays, is often meddlesome, and often a mere lion's skin to cloak carelessness or incompetence in diagnosis. I would not be understood as proscribing exploratory incisions, for they are unquestionably useful, indeed indispensable, but their indications should be more clearly defined and more conscientiously observed. Removal of the uterine appendages is often very flippantly advised and performed. "Whatever may be said to the contrary," writes Pozzi, "a laparotomy, or even an exploratory incision, is not justified for the mere relief of pain in the vicinity of the appendages." After an era of surgical excesses, especially in foreign countries, where, according to Emmett, "removal of the tubes and uterine appendages has been lightly undertaken by both competent and incompetent persons, we have at last reached a point where the fruitfulness of patients is not so readily sacrificed, and where we attempt to cure rather than extirpate." May Pozzi's words prove prophetic, for within the area of my observation they are not historical. But yesterday a wife and mother consulted me about a subperitoneal fibroid of medium size, and almost wholly without symptoms, whose removal had recently been urged by a surgeon whose experience in abdominal surgery might be reckoned on the fingers of a single hand.

Having thus imperfectly indicated what uterine tinkering is, let us for a moment consider what it is not. In a general way it is not a rational means to a rational end. Presupposing their proper performance, in appropriate conditions, it is not vaginal irrigation, whether cleansing antiseptic or thermic; it is not the promotion of uterine drainage; it is not the restoration and maintenance of the normal axis and position of the uterus; it is not hygroscopic and antiseptic depletion by means of glycerine, borax, or boracic acid; it is not curettage; it is not the Apostolic treatment of uterine fibroids and uterine inflammation, and particularly is it not that method of treating these conditions which I have called antiseptic cataphoresis, or, in a wider sense, the antiseptic treatment of uterine disease; it is not the use of Faradic and static electricity in the treatment of pelvic neuroses; it is not the prevention of salpyngitis, with all its hideous train of pathological and surgical consequences, by the timely and effective treatment of endometritis; it is not a patient and persevering effort by rest, drainage and antisepsis to restore the integrity of diseased tubes; it is not the prompt and thorough removal of retained placenta.

In conclusion, we might present a more comprehensive view of uterine tinkering.had medical experience been more largely used to indicate what it were best not to do. Failure is oftentimes not less instructive than success, and the physician who reports his successes only, withholds, perhaps, the most important and considerable part of his experience. Unfortunately *requiescat in pace* marks the catacombs of medical error.

212 J Street.

THE MANAGEMENT OF INEVITABLE ABORTION.

By David Powell, M. D., Marysville, Cal.

Read before the California Northern District Medical Society.

In the treatment and management of threatened abortion, no important difference is noted between the practice of the present day and that which was in vogue a score or more of years ago. But in the treatment of cases where preventive measures have failed, and the abortion is inevitable, there has been a gradual, and, in recent years, a very marked divergence from the older and more conservative methods. The object of this paper is to point out what seems to the writer to be the rational treatment of abortion, and to elicit an exchange of views upon the management of a condition which, unhappily, is of far too frequent occurrence.

Looking upon abortion—like the expulsion of the contents of the uterus at full term—as a purely physiological process (which it sometimes undoubtedly is), obstetricians formerly deprecated in the strongest terms any interference, even though the uterus was known to be but partially emptied of its contents. They believed and taught that nature would accomplish her designs better, and more safely, if unmeddled with.

Bedford, for example, an excellent authority, whose teachings were closely followed for many years, states:[1] "It is a curious and interesting fact that the retained placenta in cases of abortion does not, as at the full period of gestation, undergo decomposition; and, therefore, if it cannot be readily secured, should cause no disquietude. It will often pass off spontaneously, even after all efforts to remove it have proved unavailing." Again (p. 275): "It is rare to observe any serious puerperal complications follow an abortion—such as inflammation or fever."

Contrast these statements with some recent opinions upon the treatment of abortion, published in the current medical literature of to-day. Not long since I read an article in the *Medical Record*, entitled: "Abortion in An Hour." In it the author states that in every case of abortion, where there is no longer any hope of preventing it, he at once proceeds to empty the uterus of its contents. He brooks no hesitation, no waiting for nature's slow and conservative course, but, armed with dilator and curette, assumes command of the situation, and in a few minutes completes the abortion. This may truly be considered the acme of bold interference.

It will be admitted that there is no better evidence of genuine medical progress, and healthy activity in the profession of medicine, than is found in the fact that opinions, theories, and methods of treatment are constantly changing. While the study of bacteriology, the application of antiseptics, and the strict observance of aseptic measures, undoubtedly warrant more radical methods now than formerly in the treatment of abortion, as well as in other conditions in obstetrical practice, still, are we not in danger of carrying active operative procedures too far, and of relying too little upon natural agencies? Encouraged by the successful termination of those cases where prompt and active interference is clearly demanded, are we not apt to institute similar measures when delay and non-interference might be advantageous?

The concensus of opinion in regard to the proper preventive treatment of abortion is such that I will not take up the time of the Society in considering it, but will speak of those cases only where the abortion is unavoidable. I do not know that I can better convey to you my impressions, and manner of treatment, than by presenting a few such cases as they have occurred in my practice. The condition of the patient, the period of gestation, the amount of hemorrhage, etc., are so variable that the physician must decide, in each individual case, the best course to pursue with the hope of tiding his patient safely over her trouble. I have, therefore, selected those cases that will serve as types, illustrating the proper management, according to my experience, of the different conditions encountered:

CASE I.—A lady in the third month of her pregnancy, after a fatiguing journey, was suddenly seized with severe pain, accompanied by considerable hemorrhage. I saw her soon afterward and, upon examination, found the os dilated almost to the diameter of the fetal shell, the latter occupying and partly protruding through the cervix. The pains were strong, expulsive, and recurring at short intervals. The hemorrhage was not alarming, and I did nothing but direct her to be comfortably placed in bed. In a short time the fetus, with membranes intact, was expelled; the pain and hemorrhage ceased, and rapid recovery followed, with the usual restrictions and treatment of puerperal conditions.

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[1] Principles and Practice of Obstetrics: p. 281.

CASE II.—A lady, married 12 years, suffered a miscarriage at six months, about a year after marriage, and had aborted four times since, usually at the end of the third month. I saw her for the first time during her fifth pregnancy, shortly after hemorrhage and pain had commenced. Fetal ball readily felt at external os. Hemorrhage slight and pains irregular. Saw her at intervals during the day, and in about 12 hours the fetus and placenta were expelled, without rupture of the membranes. No medicines administered and absolutely no interference with the natural progress of the case.

I subsequently treated this lady for retroflexion of the uterus. In a few months she again became pregnant, and having prevailed upon her to remain in bed almost continuously, from the begining of the third month to the end of the fifth month, I had the satisfaction of delivering her of a healthy child at full term; she has since given birth to two children, both living.

These two cases may be considered exceptionally favorable instances, but they are by no means uncommon. I have attended many similar cases, and have seldom found it necessary to interfere unless the hemorrhage was excessive.

CASE III.—A lady residing in the country, who, on a previous occasion, had nearly lost her life from abortion; three and a half months pregnant, was awakened during the night by pain, and found herself bleeding freely. I saw her a few hours later, and upon examining a cloth which I was told contained something that had passed a short time before my arrival, I found a fetus with a short umbilical cord attached, the secundines remaining in the uterus. The flow at this time was not sufficient to be alarming, though before it had been profuse and the patient showed the effects of severe loss of blood. Placing the patient on her left side, and making firm pressure over the fundus with the left hand, I introduced the index finger of my right hand through the cervix, readily effecting sufficient dilatation of the os to remove the placenta, which was soon accomplished. There was no further hemorrhage, and under iron and quinine, with vaginal irrigation twice daily of a 1:1000 bichloride solution, recovery was uninterrupted.

In this case the question as to treatment was whether to wait for the spontaneous expulsion of the retained placenta or proceed to remove it at once? In my judgment the decision of this question was clear, and should always be made without hesitation in every similar case. No one would think of leaving a patient in confinement at full term before the completion of the third stage of labor, and he would be equally culpable if he fail to pursue the same course in abortion.

The hands of the operator being scrupulously clean and sterilized, the finger is always preferable to the curette in all cases seen within a short time after the expulsion of the fetus, because the os at that time if not dilated is easily dilatable, and it is seldom, according to my experience, that much difficulty is found in removing anything remaining in the uterus, in the manner described. Moreover, the possible danger of injury to the delicate lining of the uterus is undoubtedly diminished, by the employment of manual instead of instrumental interference.

CASE IV.—Period of gestation two and one-half months. External os dilated, readily admitting index finger, and occupied by membranes; hemorrhage profuse, with sharp intermittent pains. The patient was very nervous and weak from loss of blood. A tampon of absorbent cotton, previously soaked in a solution of bichloride of mercury, 1:4000, and then squeezed dry, was applied immediately. No medicine was given. When seen six hours later, there had been no flowing since application of the tampon. The pain had ceased about two hours previously, and the patient had slept. Removed tampon and found fetal shell intact in vagina. No further trouble. Parts bathed with a 5 per cent. carbolic solution, and nurse instructed how to apply antiseptic pad. The discharge continuing bright red in color—though not excessive—prescribed fld. ext. ergot and tr. ferri chlor., each 10 minims, and glycerine ʒi. t. d. Rapid and uninterrupted recovery.

I shall report one more, which will serve to illustrate the treatment of those neglected cases, where the physician is called in only after the patient and friends have become alarmed from a recurrence of hemorrhage or septic trouble, perhaps several weeks following a supposed recovery from abortion.

CASE V.—This patient had aborted at the fourth month; no physician being in attendance. In a few days she was pursuing her customary household duties, and supposed that her trouble was ended. Three weeks later she commenced to flow and I was summoned to attend her. I found a very offensive purulent discharge, mixed with bright blood; temperature 102° F., pulse weak and rapid, uterus enlarged and very tender to the touch. Upon learning the history of the case, I proceeded to treat it for puerperal infection, due to retention of secundines. After a vaginal douche of hydrarg. chlor. corros. 1:1000, with patient under ether and in Sims' position, the os was dilated with Goodell's dilator, and the uterus curetted, removing a mass of decomposed and very ill-smelling material. The uterine cavity was washed out with weak bichloride solution, and a vaginal douche (1:2000) ordered twice daily, the vulva to be washed with solution of creoline (5 per cent.) The temperature soon fell to normal, and under ferruginous tonics, stimulants, and a generous diet, the patient gradually recovered.

That a great many women abort and make good recoveries, so far as the immediate effect of the abortion is concerned, and often without the attendance of a physician, is well known. The numerous cases of selfproduced and criminal abortions, which, to the shame of our American civilization, it must be said, are more frequent in this than in any other country, are surrounded with the strictest secrecy, and often kept from the knowledge of even the family physician ; yet a very large proportion of those cases apparently recover without immediate bad results. But what of the remote consequences? They are almost numberless, and their resultant moral and physical effects upon the women of our land are unmistakable.

To my mind, therefore, the proper treatment of abortion is of serious importance. Every case should be managed according to the conditions that are present. To say that all cases should be treated by curettement, or all by non-interference and delay, is equally fallacious. The old adage, "Meddlesome midwifery is bad," is as true of abortion as of labor at full term, and the attitude of the physician should always be that of expectancy, but ready at all times to interfere judiciously, and act promptly, when the exigencies of the case demand.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal., and
HENRY GIBBONS, JR., M. D., Professor of Obstetrics and Diseases of Women, Cooper Medical College, San Francisco, Cal.

Ovariotomy in Old Women.—Dr. JOSEPH TABER JOHNSON finds old age no contraindication of ovariotomy, since the operation may now be performed so much more speedily. "The toilette of the peritoneum," says he, "so strenuously insisted upon six years ago, is now disregarded, so far as leaving large quantities of water, bland fluids from tumors ruptured in the process of removal, and blood in the abdominal cavity, in the confident expectation that the peritoneum will absorb them without detriment to the patient." Dr. Johnson reports three successful cases in his own practice, at 67 and 68 years of age ; ten cases in patients over 70, in Dr. Joseph Price's practice—all recovered—and other cases in the practice of Sir Spencer Wells, Janvrin, Schroeder, Homans, Veit, Fancourt Barnes, etc., in all thirty-eight, with but two deaths. Ten of the cases were 75 years of age and over, one being 82.—*Virginia Medical Monthly*, December, 1892.

Ectopic Gestation.—After stating that the consensus of opinion is now against the existence of primary abdominal gestation, and that we may assume (excluding a few doubtful cases of the ovarian variety), that every ectopic pregnancy is originally tubal, DR. HENRY C. COE details a case confirming this view. The patient, æt. 38, menstruated in April, 1891, skipped the following period, and on June 26th began to have what she called labor-pains, accompanied by profuse metrorrhagia, which continued for twelve days. She was supposed to have aborted. Three months later, on examination, she seemed to be pregnant—three months. November 5th, she was seized with severe pain, without assignable cause, and had profuse flow. Recovery followed in two weeks. April 19, 1892, she was in good health, the abdomen was enlarged, and she insisted that she felt life.

Pregnancy could not be made out by examination. A month later abdominal incision discovered a macerated fetus in a thick-walled sac. The placenta was attached to the entire posterior surface of the uterus, filling the *cul-de-sac.* It was readily detached. The sac was irrigated, packed with iodoform gauze, and stitched to the edges of the abdominal wound, which was left open. A counter opening was made through Douglas's pouch, and a drainage tube inserted. Tedious convalescence followed, but recovery eventually took place.—*Medical News*, December 10, 1892.

Early Diagnosis Essential for the Cure of Uterine Cancer.—Under this caption, DR. WILLIAM GOODELL refers to the extremely satisfactory results, in appropriate cases, of *vaginal* hysterectomy. This success he attributes to the anatomical fact that the lips, breast, penis and rectum—favorite sites of cancer—are integral parts of the body; while the womb is to the body only an appendage. A suitable case for operation is one in which the womb is not fixed, the vagina is free from all cancerous nodules, and the broad ligaments show no signs of infiltration. In other words, a suitable case is one in which the neoplasm is limited wholly to the womb. Unfortunately, in the great proportion of cases that present themselves to the surgeon, the disease has become too far advanced. It has invaded the bladder or vagina or the broad ligaments. In the very large proportion of cases, the disease begins in the cervix, because that part bears the brunt of the injuries sustained in coition and parturition. He had seen but one case in a virgin, and but three in sterile women. The ordinary symptoms of carcinoma, in the usual order of their appearance, are: Pelvic pain, ichorous leucorrhea, hemorrhages, fetid discharges, and general cachexia. But all these are not necessarily present; pain may be absent, or general cachexia be the first symptom. A digital examination is the only trustworthy way of arriving at a correct diagnosis, and this should never be neglected in any case of painful coition, stubborn pelvic pain, free leucorrhea, and especially of irregular uterine hemorrhages. Irregular hemorrhages should always be viewed with suspicion, especially when the woman is over 35 and has borne children because a *cervical* tear is the most common cause of malignant disease of the cervix. A show of blood after coition, intermenstrual flows, a return of bloody discharges after the climacteric, call for immediate investigation. In its earlier stages a carcinoma of the cervix usually appears as a hard nodule under the mucous coat of a torn cervix. Soon this breaks into an open and indolent ulcer, exuberant vegetations spring up from its base and bleed at the slightest touch. The surrounding tissue is densely hard. Occasionally malignant disease of the endometrium, or body, is found in the form of sarcoma, papilloma or epithelioma. The diagnosis is made by use of the curette and microscope. When the diagnosis has been made, and that early enough to find the growth limited to the womb, there remains to the physician but one more duty—he must urge the immediate removal of the uterus.—*Medical News*, December 10, 1892.

SURGERY.

By T. W. HUNTINGTON, B. A., M. D., Surgeon Southern Pacific Company's Hospital, Sacramento, Cal.,

J. F. MORSE, M. D., Surgeon German Hospital, San Francisco, Cal., and

G. F. SHIELS, M. D., C. M., F. R. C. S. E., Surgeon Polyclinic, San Francisco, Cal.

Internal Urethrotomy.—In reporting the results of 361 operations, the author considers the operation a simple one, no febrile disturbance occurring if sepsis is guarded against. The complications that arose were: (1) Urethral fever, in 3 cases, where the temperature reached 102°, but subsided within 72 hours. (2) Orchitis, which did not occur until after the eleventh day in one, thirteenth in another, and fourteenth in another. In the first two cases there was no introduction of the sound after the withdrawal of the urethrotome. In the third the sound was introduced every third day. (3) Perforation into the rectum. The urethra in this case was serpentine, and an attempt to operate under chloroform was thwarted, but the next day was successful; but before adjusting the instrument its point came in contact with the finger in the rectum. The bladder was entered without difficulty, the operation done, and the patient allowed to return to his work in the course of a week.—B MERRILL RICKETTS, M. D., *New York Medical Journal*, March 4, 1893.

Resection of the Small Intestine for Rupture Caused by Tapeworm.—DR. FAYETTE DUNLAP reports a case of a lady, aged 31 years, who was attacked with violent pains in the left iliac region. Morphine was administered hypodermically, which had to be repeated in three hours to control the pain. One hour later the signs of shock and hemorrhage were unmistakable; there was a boggy mass to be felt by bimanual examination, and there were frequent attacks of syncope. An exploratory celiotomy was begun with the expectation of finding a ruptured tubal pregnancy. The abdomen was filled with recent blood-clot, and the uterus, ovaries, and tubes were perfectly normal. In flooding the cavity to free it of clots, there floated to the surface a long tapeworm, which protruded from a large, ragged rupture in the small intestine. Two bleeding points were secured and an attempt to dislodge the worm entire failed, it being fastened about 12 inches above the rupture. About two-thirds of the lumen of the intestine were gone; the edges were ragged and gangrenous; but there had been no previous ulceration. It being impossible to unite the edges of the damaged parts without producing constriction, a resection was done and the ends were united by the continuous suture after the manner of Lembert. Owing to extreme prostration the operation was completed in less than 30 minutes, and the patient put to bed pulseless. Vomiting was continuous for 30 hours, but ceased after an injection of glycerine, sulphate of magnesium, and hot water, which brought away 17 feet of the worm. The surroundings were very unfavorable for an abdominal section; no antiseptics being used, only boiled cistern water; but there were no evidences of sepsis in the progress of the case. The cause of the intestinal rupture was probably due to pressure gangrene. Collections of lumbricoids are frequently the means of intestinal obstruction in children; lumbricoids have also been found in a ruptured appendix, but it is not safe to say that they were the cause of the rupture. This is a marked illustration of the uncertainty that is always before the abdominal surgeon as to the nature of what he may find in the cavity. At present the patient is in perfect health and is allowed to partake of whatsoever character of food her taste calls for.—*New York Medical Journal*, February 11, 1893.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D., Sacramento, Cal.

Ophthalmophasmatoscopy.—DR. ALEX. TRANTAS has devised a method of making a spectroscopic examination of the contents of the eye, in regard to which he makes the following remarks: The eye is the only organ of the human body, the media of which we can submit to a spectroscopical examination. If in proceeding as for an ophthalmoscopic examination, in place of receiving the rays from the eye of the observed ourselves, we make them pass through a spectroscope, it is evident that we would have different spectral lines, according to the difference in the media of the eye. For example: If there existed hemorrhage in the vitreous, we would see the special spectrum for this substance, and by this very sensitive means we could determine whether the flecks in the vitreous body were blood or exudate. It is well known that there are cases where it is absolutely impossible to determine this distinction by the means known to science, because very minute quantities of blood escape ophthalmoscopical examination. In such a case the spectroscope could also discover for us the pathological condition. But could not the changes which the vitreous and other media of the eye undergo, because of different diseases of the eye, and those caused by change in general nutrition (toxines, etc.), be interpreted by the different spectra peculiar to each case? Dr. Trantas is making researches with this object in view.—*Archives d'Ophthalmologie*, January, 1893.

Disease of the Lingual Tonsil in Connection with Angina Epiglottica and Glottitis Acuta.—DR. GUROWITSCH says that in acute inflammation, the lingual tonsils are hyperemic and swollen, covering one or both glotto-epiglottic sinuses, so much as sometimes to touch the epiglottis and hinder its movement. The surface of the glands is uneven and unsymmetrical. Often only a part of the glands participate in the inflammation. The patient cannot definitely localize the trouble. Acute tonsilitis lingualis is generally followed by angina epiglottica, which commences with the symptoms of common angina. The inflammation rarely passes to the larynx. Acute glottitis is also a complication. Both the acute glottitis and angina epiglottica are colateral complications of the tonsilitis lingualis.—*Centralblatt f. Chirurgie*, No. 7, 1893.

A New Method of Making a Differential Diagnosis Between Labyrinthine and Middle Ear Disease.—DR. LUDWIG JANKAN, of Zurich, presents in a preliminary communication the following means of determining whether the labyrinth or the middle ear is the seat of disease in certain cases of deafness: In an observation of the phenomena in 104 cases of ear disease, 68 of which were affected in sound-conducting apparatus, and 36 in the sound-perceiving apparatus, he discovered that in cases of disease of the conducting apparatus, sound was conducted to his ear by means of a stethoscope connected with the patient's ear more loudly by the more affected ear, while the less affected ear in disease of the sound-perceiving organ heard the sound more loudly from the less affected ear.—*Deutsche med. Wochenschrift*—*American Journal of Medical Sciences*, February, 1893.

Maggots in the Nose Successfully Treated by Injections of Chloroform.—DR. J. P. KIMBALL, of Fort Clark, Texas, reports the case of a private soldier who, about 36 hours previous to the appearance of the nasal symptoms, had been awakened by pain in the nose while sleeping in the barracks. When the doctor saw him he was suffering from high temperature, pain in forehead and orbits, and anorexia, which was attributed to remittent fever. The following four or five days he grew much worse, suffering great pain, and was delirious. Maggots were ejected in the act of sneezing, after washing the nose out with Dobell's solution. All symptoms became more severe in spite of the use of several antiseptic solutions, until chloroform was injected. Pure chloroform was injected daily, followed by peroxide of hydrogen, carbolized oil, etc., for several days, with immediate change for the better. Recovery was slow. Portions of the mucous membrane of the nasal fossæ and naso-pharynx, in a gangrenous condition were detached and washed out. The patient was under treatment for naso-pharyngeal catarrh and ozena, after recovering from the effects of the more grave disease. The author reports a number of similar cases occurring in that region, showing that it is not an uncommon affection in Texas. Many of the cases proved fatal in spite of treatment with various antiseptic solutions.—*New York Medical Journal*, March 11, 1893.

DERMATOLOGY, SYPHILIS AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M. D., Sacramento, Cal.

Genital Tuberculosis.—This occurs mostly between the ages of 15 and 20 years, in individuals whose sexual organs have been overtaxed. The aged show healed tubercles. They are inherited or acquired. The testicle alone is seldom involved. The prostate is a favorite seat, and often the urethral membrane overlying the prostate. In most cases innumerable multitudes of tubercles are present. Prostatic tubercles can become chalky, but mostly degenerate and form fistulæ. If the neighboring testicle is involved, tubercle nodes are easily felt. In many cases hydrocele is present. Prostatic tuberculosis commences frequently with bloody urine. The disease is severe, but not incurable.—*Gaz. Med. de Paris.—Centralblatt f. klin. Medicin*, No. 4, 1893.

Puncture of the Tunica Vaginalis in Orchitis following Gonorrhea.—TREFAKI records (*Gaz. med. de Paris*), of a case of this description in a 19 year old boy with acute gonorrheal orchitis, in whom he punctured the tunica vaginalis with excellent results. The unbearable pain of the swollen parts disappeared entirely on the evening of the day of the operation, and almost completely on the emptying of the fluid from the tunica. The bistoury employed should have a diameter of 5 to 6 mm., and should be pushed into the tissues to a depth of 2 to 3 cm., then turned in a half circle upon itself to make a free vent for the contents of the sac. Injury to the testicle itself is not greatly to be feared. Pus formation does not take place and no dressing is needed after withdrawal of the bistoury. The wound heals in 24 hours.—*Centralblatt f. klin. Medicin*, No. 4, 1893.

Edema of the Prepuce following the Inhibition of Antipyrin.—DR. FREUDENBURG, of Berlin, reports a case in which doses of 7½ grains of antipyrin were followed by edema of the prepuce. The doctor's attention was first called to the case with the history that to subdue a headache he had bought one-half gramme of antipyrin at an apothecary's, and had taken it at one dose. A few hours later, itching and swelling of the prepuce developed. This lasted some eight days. To further test the matter, Dr. Freudenburg, after the patient seemed cured, gave him another dose, without his knowledge, and a few hours later he again developed the edema.—*Centralblatt f. klin. Medicin*, February 4, 1893.

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M. A., M. B., C. M., Professor of Clinical Medicine, University of California, San Francisco.

Condurango in Cancer of the Stomach.—The recommendation of condurango in the treatment of cancer of the stomach, was based upon a solitary case, in which it was claimed that after prolonged use of the remedy, a carcinoma was reduced to the size of a small tumor, and that the accompanying swelling of the glands had disappeared. At first the drug was received with acclamation by the medical world, but it was indiscriminately tried in every variety of cancer, and the first flush of enthusiasm was soon followed by a disappointment which threatened to thrust the remedy back into oblivion. For a long time it was praised and condemned without a thorough and methodical series of experiments having been conducted. Such an investigation was first made on a few cases by Immerman ; then Reiss conducted a similar series in a large number of cases. The results in both instances were very much the same, and tended to show that condurango has a specific action ; but unfortunately the diagnosis of cancer was not positively made in all the cases, and from the notes of three autopsies made by Reiss it would seem much more probable that the lesion was an old cicatrized ulcer. Hence, the specific action of condurango is by no means established. It may be objected that the diminution in the size of palpable tumors under this treatment, which, as Reiss says, may be observed with a tape-measure, is a very significant occurrence. But in answer to this stands the fact that the improvement of the concomitant catarrh of the mucous membrane may lessen the hyperemia and the size of the tumor. These remarks are not intended to question the beneficial influence of condurango on the general condition in gastric cancers. It is eminently proper that the remedy should be extensively used, but one should not expect to *cure cancer* with it. The accompanying gastric catarrh is improved, and the same beneficial effects are obtained as in genuine catarrhal diseases of the gastric mucous membrane ; hence, condurango may be considered an excellent stomachic in all those cases in which a true catarrhal condition of the gastric mucosa exists. The preparation of condurango usually employed in the United States, is the fluid extract in doses of a drachm or more, and, as the amount of hydrochloric, acid is always lessened in these cases, it is well to add from one-third to one-half per cent. of this acid, and a carminative syrup, such as syr. zingiberis, or syr. feniculi, or syr. menthæ.—EWALD, "Diseases of the Stomach," 1892.

Treatment of Malaria by Methylene Blue.—At the last meeting of the Berlin Medical Society, PROF. GUTTMANN introduced this subject. The statement had been made that after the administration of this drug the next following attack of fever was much less violent, that no more attacks followed, and that the plasmodia disappeared from the blood within a week. These statements were based upon the examination of only two cases, but further experience has led Prof. Guttmann to the conclusion that a few days' treatment with methylene blue is not sufficient to prevent a return of the fever, a four weeks' course being necessary. A longer course is not contraindicated as the drug produces no ill effects. The only inconvenience is staining at micturition, but this can be remedied and even prevented by giving the patient a small quantity of grated muscat nut every day. Quinine should be given as well as methylene blue, but not less than six or eight hours before the expected attack. During the first week methylene blue should be given in daily doses of eight grains, subdivided into four single doses of two grains each, but after a week the total quantity in twenty-four hours should not exceed five grains subdivided, into three single doses.—*Medical Press and Circular*, January 11, 1893.

Antipyrin in Lead Colic.—MM. DEVIC and CHATIN have found antipyrin given in quantities of 60 grains daily, in divided doses, very serviceable in lead colic, both in its milder and in its more severe forms. They consider it far superior to other drugs, except belladonna.—*Lancet.*—*Medical Age*, February 10, 1893.

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M. D., Demonstrator of Pathology, and Adjunct to the Chair of Clinical Medicine, Cooper Medical College, San Francisco, Cal.

The Treatment of Floating Kidney after the Method of Thure Brandt.—DR. VICTOR BACHMAIER (*Weiner med. Presse*), after referring to the good results attained by gynecologists in the treatment of pelvic inflammatory exudations and the reposition of prolapsed uteri by the manual treatment of Brandt, speaks of its beneficial effect in floating kidney. He, in common with others, recognizes the poor results achieved by the conventional methods of bandaging, which not only fails to afford relief in many cases, but actually intensifies the symptoms. Surgery is also impotent in its results in these cases. By Brandt's method the majority of cases of floating kidney can be improved, while a few of recent origin can be cured. The method is as follows: The patient assumes the recumbent posture, with the gluteal region raised. The operator sits facing the patient. After reposition of the kidney, both hands are placed under the curvature of the ribs and with side movements are directed backwards and upwards until the tips of the finger reach the back of the abdomen. The abdominal and lumbar muscles are afterwards massaged. The treatment must be carried out daily and the manipulations already described should be repeated from 3 to 5 times at each sitting.—*Therap. Monatshefte*, November, 1892.

A New Agent in the Treatment of Epilepsy.—DR. PAUL GIBIER recommends a treatment which is a further application of the Brown-Sequard method, which promises good results in the treatment of severe cases of epilepsy. Dr. Gibier made injections of properly prepared gray matter of the brain, in some cases of epilepsy, and also of paralyses. The good effects had been witnessed by several physicians. A marked case was that of a young Frenchman who had now and then severe attacks, and each day a number of milder ones of vertigo. The expression was idiotic. The severe seizures had been reduced greatly in frequency, as had also the attacks of vertigo, and the patient's intelligence had been markedly improved by injections of the "nervine." A more complete report was promised.—*Medical Record*, January 7, 1893.

Acute Pleurisy.—DR. FRANK S. PARSONS read a paper on this subject before the New York State Medical Association. Reviewing the opinions of French teachers, he found that they looked upon inflammation as a physiological process to develop phagocytes against microbes, and considered pleurisy to be nothing more than a lymphangeitis. Acute pleurisy was probably caused by microbes, and secondary pleurisies occurred for the most part in connection with diseases of microbic origin. Acute pleurisy was a well defined cyclical malady, and might be divided into three periods of evolution, of 7 days each. The first period represented the time occupied in the increase of the pathological lesions, and at the end of that time the effusion reached its limit of advance. The next 7 days the effusion remained the same. From the 15th to the 21st day the effusion underwent resorption. In the modern treatment of acute pleurisy, antiseptics, antipyretics, and evacuants were used. Diuretics were the most useful, while purgatives not only failed to reduce the quantity of fluid, but were often dangerous. The indications for treatment were to relieve pain, reduce the fever, and arrest the effusion. In sero-fibrinous pleurisy, aspiration should not be performed until after the third week, and then only if there were no indication of absorption. The only exception to this rule was where there was urgent dyspnea or other indications that life was in danger. The physical signs of the presence of fluid at the level of the second rib furnished the best guide. In purulent pleurisies in children, aspiration should be performed several times before resorting to severer surgical measures, but in adults one trial of aspiration was sufficient. In conclusion, the author suggested endeavoring to secure the absorption of pleuritic effusions by electrolysis. An electro-puncture needle connected with the positive pole was to be inserted so as to just reach the effusion, and the negative pole being connected with a large clay electrode placed on the chest walls, a current of 30 to 50 milliamperes was to be passed through the fluid. We might reasonably expect from such an application more or less coagulation of the fibrinous matter and absorption of the fluid portions of the effusion. Such a method of treatment would be especially applicable where, for any reason, thoracentesis could not be performed, or where there had been repeated accumulations of fluid, or in secondary pleurisies of tuberculous nature.—*New York Medical Journal*, January 14, 1893.

DR. LUDWIG FERDINAND, Prince of Bavaria, studied clinically and bacteriologically, 23 cases of pleuritis occurring in the clinic of v. Ziemssen. In 9 cases where the exudation was serous, pneumococci was found in 2 cases, staphylococci in 2 cases, and in 5 cases the exudate was sterile. In 1 case where the exudation was sero-purulent, diplococci were present. In 12 cases of empyema, diplococci were found in 2 cases, streptococci in 5 cases, tubercle bacilli in 2 cases, diplo—and streptococci in one case, and staphylo—and streptococci in 1 case. Reference is made to the diagnosis of pleuritis of tuberculous origin. A serous or purulent exudation, free from bacteria, of long duration, indicates tuberculosis. Empyema develops as a result of the presence of the streptococcus pyogenes. Although pleuritis may be of toxic or mechanical origin, it is, as a rule, the result of infection, secondary to a lung lesion. In all cases where streptococci are found in the exudation, even though it is serous, resection of the ribs is necessary, as the conversion of the serous into a purulent exudation can positively be foretold.—*Munchener med. Wochenschrift*, December 13, 1892.

Electrotherapy and Suggestion.—Inspired by the writings of Möbius, who attributes the curative effects of the electrical current largely to mere suggestion, DR. S. SCHEIBER proceeds to discuss certain theses presented at the Frankfurt conference. The first of these was: "To what extent do electro-therapeutical results depend on suggestion, and does the electrical current possess any action which suggestion does not possess?" The writer claims that electricity can bring exudations to resorption, which suggestion cannot do, and in support of his position refers to cases in his own practice. The second question was: "Does electricity cure peripheral nerve affections?" While Möbius attributes all cures in such affections to suggestion, the writer refers to cures, where suggestion could be positively excluded. A case of coccygodynia is cited, where cure resulted only after application of a rectal electrode where previous cutaneous applications of electricity proved futile. In the discussion of the paper before the Budapest Medical Society, DR. JULIUS DONATH maintained that electricity alone was of undoubted benefit in all peripheral paralyses. In central affections of the nervous system, he could speak less positively, because in such cases the current was not sufficiently strong or capable of being localized to accomplish certain results. Owing to the depth of the cervical sympathetic it was rarely acted upon, although dilatation of the pupil could be obtained by application of the current. The optic nerve reacts physiologically to the galvanic current, but he has never observed improvement or cures in affections of this nerve. The action of electricity is undoubted in succulent tumors, which is shown by the results achieved by Apostoli and other gynecologists. **Dr. J. Dollinger** had used strong currents in a large number of tuberculous bone affections without any appreciable result. **Prof. Laufenauer** was more neutral in his views. He deplored the iconoclastic statements of Möbius which were those of an extremist. He divides patients treated by electricity into two groups—one composed of hysterical patients in whom electricity, no matter how varied the application, accomplishes the object by mere suggestion; while in another group, electricity only acts by definite methods of application in proper dosage. **Prof. Ketli** maintained that the catalytic, cataphoretic, and vasomotoric action of electricity were unquestioned and one would be equally justified in maintaining that because malaria was cured by remedies other than quinine, that the latter owed its action to suggestion.—*Wiener med. Presse*, November 27, 1892.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By A. W. Hoisholt, M. D., Assistant Physician, State Asylum for Insane,
Stockton, Cal.

Katatonia.—Dr. W. J. Mickle reports the results of a *post-mortem* examination in a case of katatonia, previously published. The clinical history and symptoms of the case were as follows: A young man, 25 years of age, single, the son of a very nervous and excitable mother, had been convicted of robbery and had been for some years in prison, when symptoms of mental disease began to present themselves. He would stand in one place for hours, silent and immobile, or would go through rhythmical movements when so standing, as for instance, moving the head forward and backward, or to the right and left, regularly and methodically, flexing and extending the forearm, or he would start to go somewhere and retrace and trace his steps, and do other things without purpose, such as persistently opening and closing a door. He was not suicidal, epileptic, or dangerous, but occasionally had periods when he was destructive. He was well nourished, muscular, and otherwise physically healthy. He had a narrow forehead, with prominent frontal eminences; posteriorly the cranium was widest. No external manifestations of syphilis were present. He was generally obstinate, would not do what he was told, and would often be silent for several days. When he replied to questions his speech would be of a stereotyped and theatrical character, and sometimes foolish and non-pertinent. He was hallucinatory, heard spirits talk to him, and saw nude forms. The muscles of the patient were at times in a more or less cataleptic state, but could be moved by passive motion. The knee-jerks were about normal. The patient died of influenza, complicated with pneumonia. The principal symptoms before death were dyspnea, respiratory and pericardiac oppression, cyanosis. The most important points in the *post-mortem* examination are the following: (1) Atypical peculiarities of cerebral fissures and gyri in relation to the patient's criminal and insane history. (2) The inferior and mesial surfaces of the cerebral hemispheres showed in their anterior part patches, termed adhesions with decortication, *i. e.*, adhesion of the pia to the brain, and separation of the superficial layers of the gray matter where the membranes were forcibly removed. (3) Slight thickening and opacity of the pia-arachnoid over the base of the brain, and a great thickening and opacity over the superior, lateral, and fronto-parietal regions, with corresponding pialedema and wasting of the gyri. (4) The brain was generally firm, congested probably in the course of the last illness, but there was some evidence of old hyperemia. (5) The skull was thick, of rounded, triangular shape in transverse section, the rounded apex representing the forehead. The name katatonia, which signifies tension, was applied by Kahlbaum to a certain complex of symptoms resembling those in the case just described, in which muscular tension, or a minor form of the cataleptic condition of the muscles, was a leading symptom. Katatonia is, according to Kahlbaum, a form of mental derangement, progressing from melancholia through mania and stupidity, to imbecility and tonic convulsions. Other authors give a less comprehensive meaning to this term, classifying it as a psycho-neurosis, or a hereditary neurosal and mental degeneration. The disease has as yet been but little studied in this country. Though the clinical picture of the disease is with difficulty clearly delineated, the symptoms in the above case may be said to be fairly typical. The peculiar successive changes in the mental state manifested by the expressions of the face, by different movements and gesticulations, by the psychical behavior and the cataleptoid condition of the muscles, are particularly characteristic of the disease, and of importance in the differential diagnosis.—*Journal of Nervous and Mental Disease*, December, 1892.

Phthisis in its Relation to Insanity.—DR. THOMAS J. MAYS, of Philadelphia, in a paper on this subject, claims that phthisis is more common among the insane than among the general population, and that it has a predilection for certain forms of insanity. He has found that phthisis occurs more frequently in the depressed than in the exalted types of insanity. Clouston even says that nearly all cases of melancholia combined with the monomania of suspicion, sooner or later die of pulmonary phthisis. In the writer's own experience, general paralysis was not infrequently associated with phthisis. He thought that asthma was closely associated with consumption on the one hand, and on the other with insanity. Notwithstanding the great advance in the modern study of the neuroses, the pathologic relationship between the lungs and their nerve-supply has been practically ignored. The lungs are innervated by the largest and most important nerve in the body, yet nearly all of the diseases incidental to these organs are at present attributed to the influence of irritants and excitants introduced from without, and the possibility that the fault might reside in this nerve does not receive serious consideration.—*Medical Record.*

Folie a Deux, with Remarks on Similar Types of Insanity.—DR. C. K. MILLS has recently reported two cases of this disease. The patients were sisters, the older being 32 years of age, the other less than two years younger, and were daughters of a hard-drinking, quarrelsome man. The first patient had been insane for three or four years, and was subject to hallucinations of several senses. She had strange feelings as of something growing in her abdomen, chills, sickness of the stomach, etc. She had been troubled for a long time with strange voices, was tormented by people both at her work and at home, and was made to say very ridiculous things. A stench of blood came up through her throat; at times she was grasped by a hand. Men would appear before her and sometimes they would get on their knees and solicit her. She was full of sexual delusions with reference to men and their designs upon her; often she would hear their voices talking with her after midnight and using obscene language. The other patient's mental disturbance had come on a few weeks after that of her sister, the delusions of the first having apparently, to some extent, been communicated to the other. The latter seemed to be weaker, both mentally and physically, than the former, and more erotic. Although the two patients appeared to believe firmly in what they said, they at times seemed to appreciate that something was wrong with their minds, and when committed to the hospital for the insane, they went quietly and without resistance, evidently hoping to be benefited by their stay there. They presented a blending of the characteristics of the three forms of *folie à deux:* of the imposed insanity, the simultaneous, and the communicated insanity, and showed a marked hereditary influence. The delusions were mostly of a persecutory type.—*Medical Record.*

A Case of Polyneuritic Psychosis with Autopsy.—DRS. KORSAKOW and SERBSKI report a very interesting case of insanity following polyneuritis. A young woman, on whom eight days previously a laparotomy had been performed for the purpose of removing the decomposing fetus of an extrauterine pregnancy, began to show a continuous, but slight, rise in temperature, in connection with marked mental excitement and irritability. To this was added loss of memory for recent events, partial loss of consciousness, and weakness in the extremities. The knee-jerks became diminished and finally disappeared, the nerve-trunks and muscles became sensitive, vomiting set in, the daily quantity of urine secreted became diminished, and at times albuminuria was present. The muscular weakness gradually increased until a complete paralysis developed, finally involving the diaphragm and causing death of the patient. The *post-mortem* examination proved the presence of a multiple neuritis, and the authors were able to demonstrate that in this case the degenerative neuritis began with a segmentary, periaxial neuritis, which afterwards assumed the character of the degeneration of Waller. This fact, and the etiological association of the decomposing fetus of the extrauterine pregnancy, with the multiple neuritis, are brought forward by the writers in corroboration of their toxemic theory as to the nature of multiple neuritis. The *post-mortem* examination also showed the presence of colloid degeneration in the thyroid gland, which disease is associated with the power which this organ is supposed to possess, of "neutralizing" the poisonous substances circulating in the blood.—*Centralblatt f. klin Medicin.*

Medico-Legal Application of Photography.—DR. JESERICK has recently published a paper on the application of photography to the detection of crime. He calls attention to the services to be rendered by instantaneous views of the actual scenes of crimes, to the medico-legal importance of the microphotography of hairs, blood-corpuscles and other minutiæ, and to the use of the spectroscope in detecting the absorption of gases of combustion by the blood of the victims of fires in instances where it could be desirable to prove whether life was existing or extinct before the charring of the remains. Photographs of the spectra so obtained could be put in evidence in courts, as also could enlargements to a definite scale of the microphotographs.—*Medical Age.*

Vaccination Injuries.—A coroner's inquest was recently held in England to inquire into the cause of death of an infant alleged to have been brought about by vaccination. The father stated that the child had not been well since its vaccination; but the mother frankly admitted that the child's vaccinated arm had been well for not less than a month prior to death, and that for some weeks it had failed to take its nourishment properly, in consequence of which she put it out to nurse with a neighbor. The medical evidence was to the effect that the infant had not been properly cared for, that it had not received proper food and that it died in a convulsive fit. The suggestion of the counsel for the father, who represented anti-vaccination principles, was that vaccination must be regarded as an indirect cause of death. The anti-vaccinationists seem to hold that if subsequent to vaccination any harm occurs, then *post hoc ergo propter hoc* must apply; but if any good comes, whether by way of saving life from small-pox or otherwise, the results are quite accidental and are not worth recording.—*Lancet*—*American Practitioner and News.*

FORMULÆ.

By Geo. B. Somers, M. D., San Francisco, Cal.

Scarlet Fever.—Dr. W. Steere advises:

Fl. ext. jaborandi -------- ʒ iv
Fl. ext. baptisia tinct. ---- ʒ iv
Sod. salicyl.
Soda borate -----------āā ʒ ii
Aq. menth. pip -------*ad* ℥ iv

S.—Teaspoonful every two hours for a child twelve years old.

Phthisis.—Robbins gives:

Creasote,
Spr. chloroform,
Alcohol ----------------āā ℥ i

S.—Fifteen drops to be inhaled from a moistened sponge four times daily.

Chilblain.—Brinton recommends:

Acidi carbolici --------gtt xx
Olei terebinth,
Lanolin ---------------āā ℥ i

S.—Apply locally.

Prophylaxis for Tonsilitis.—Pritchard advises:

Crystalized carbolic acid, ʒ iss
Alcohol ----------------- ʒ iiss
Oil of peppermint --------gtts. x

S.—Ten drops in a glass of warm water, to gargle the throat night and morning.—*Lancet Clinic.*

Enema for Insomnia in Infants.—

Chloral hydrate -------gr. iii to vi
Tincture of musk,
Tincture of valerian -āā gtt xx
Distilled water -------- ℥ ii—M.

Chloral is better tolerated by the rectum than by the mouth, but necessitates a somewhat larger dose.—*Union Médicale.*

Urticaria in Children.—

Hydrate of chloral,
Pulverized camphor,
Powdered gum arabic --āā ʒ i
Simple cerate ------------- ℥ i

Triturate the first three until liquified, then add the cerate.

S.—Apply at night on the affected region.—*Union Médicale.*

Chapped Hands.—

Menthol --------------gr. xii
Salol -------------------gr. xx
Olive oil --------------- ℥ ss
Lanoline -------------- ℥ iss

S.—Use twice a day. The first application lessens the pain and softens the skin.—*Union Médicale.*

Surgical Soap.—Hanks says, regarding the following formula for a liquid soap mixture: "It cleanses the hands and removes the accumulations under the nails in the shortest possible time—quicker than anything else I have ever tried:"

Best commercial green
soap --------------3 parts.
Alcohol (95 per cent.) -1 part.
Glycerine -----------1 part.
Water ---------------1 part.

Oil rose geranium, one part to each part of alcohol.—*Medical Record.*

Comedones.—Unna directs the following novel treatment:

Sol. hydrogen peroxide,
Vaseline --------------āā ℥ i
Lanoline (anhydrous) ----- ℥ i
Acetic acid --------------- ʒ i

Mix and perfume.—*Medical World.*

Hepatic Congestion:

Podophyllin,
Euonymin ---------- āā gr. viii
Ext. belladonna -------- gr. iv
Ext. hydras. canadensis - gr. xx
Medicinal soap --------- ʒ ss

For 20 pills.

S.—One or two at dinner time.—*Medical Press and Circular.*

Baldness.—WHITLA advises for this unfortunate condition (*Therapeutic Review*):

Pilocarpine hydrochlor. - gr. v
Otto of rose ------------ m. viii
Oil of rosemary -------- ʒ iv
Lin cantharides -------- ℥ iv
Pure glycerine --------- ℥ i
Sweet almond oil ------- ℥ ii
Spirit of camphor ------ ℥ iii

S.—To be rubbed well into the scalp, night and morning.—*Medical and Surgical Reporter.*

Bernhardt's Balm.—SARAH BERNHARDT is said to use the following rejuvenator:

Spirits of ammonia ------ ℥ ii
Spirits of camphor ------- ℥ ii
Sea salt ----------------- 1$\frac{1}{2}$ cups
Alcohol ------------------ 2 cups

Put into a quart bottle and fill with boiling water. Shake before using. She is bathed from head to foot with a soft sponge dipped in the undiluted liquid, and dried with slight friction of a smooth towel.—*American Practitioner and News.*

Whooping Cough.—For this affection GERMAIN SÉE prescribes:

Powdered belladonna root, gr. $\frac{1}{5}$
Dovers powder ------------ gr. $\frac{1}{2}$
Sublimed sulphur --------- gr. iv
White sugar -------------- gr. x

S.—At a dose, from two to ten times a day, according to age and effect produced.—*Lancet—Clinic.*

To Stimulate the Gastric Juice.—EWALD generally uses a bitter with hydrochloric acid, or the following:

Tinct. nucis vom. --------- ʒ i
Decoct. condurango ------ ℥ iv

S.—Tablespoonful, three or four times daily, half an hour before taking food.

Asthma.—THOS. J. MAYS believes that in continuous treatment, a stimulant should be used. He recommends strychnine hypodermically and in addition in the following combination:

Phenacetin. ---------- gr. lxiv
Quininæ sulph. ------ gr. xxxii
Ammon. mur. ------- ℥ iss
Pulv. Copsici -------- gr. iv.
Strychnine, sulph. --- gr. 1$\frac{1}{8}$—M

Ft. Capsulas No. xxxii.

S.—One capsule four times a day.—*Albany Medical Annals.*

Chancre.—DU CORTEL uses the following:

Carbolic acid ----------- gr. xv.
Alcohol (90 per cent.) - ʒ iiss

Make a solution and touch the surface of the chancre lightly with a small pledget of cotton or wool. Cicatrization usually readily ensues.—*Union Médicale—Therapeutic Gazette.*

Exophthalmic Goitre.—DIEULAFOY directs his treatment to the cardiovascular erethism, using

Powdered ipecac. ------- gr. $\frac{1}{2}$
Powdered digitalis leaves, gr. $\frac{1}{3}$
Extract of opium -------- gr. $\frac{1}{25}$

Make one pill. From four to six to be taken every twenty-four hours.—*Therapeutic Gazette.*

Neuralgia.—In obstinate cases, the following is said to be successful (*New Idea*):

Acetanilid -------------- gr. i
Quinine ---------------- gr. i
Cocaine ----------------- gr. $\frac{1}{16}$ M

Make a pill. Give one such every hour.—*St. Louis Medical and Surgical Journal.*

Skin Diseases.—CUTLER uses an irritant application in certain skin diseases. The following mixture possesses strong antiseptic, antiparasitic, antipruritic and absorption properties, penetrating deeply into the skin.

Iodine,
Carbolic acid,
Chloral ----------- āā equal parts.

—*Medical and Surgical Reporter.*

Alcoholism. — MAYS recommends (*Times and Register*):

Sulphate of strychnine,	gr. i
Sulphate of atropine	gr. $\frac{1}{20}$
Pulverized capsicum	gr. x
Sulphate of quinine	gr. xx
Phenacetin	gr. xl—M.

Make 20 capsules.

S.—One capsule four times a day. At the same time prescribe rest, liberal diet and tonics.—*Nouveaux Remèdes.*

Stable Solution of Ergotine.—

Ergotine	gr. xv.
Crystalized carbolic acid,	gr. $1\frac{1}{2}$
Distilled water	m. lxxv

Dissolve and filter. — *Nouveaux Remèdes.*

Vomiting of Pregnancy. — ROUTH states that in a seven years' practice, he has always been able to arrest the vomiting of pregnancy by brushing the cervix and lower cervical canal with equal parts of

Iodine,
Potassium iodide,
Spirits of wine,
Water. —*Therapeutic Gazette.*

Measles.—In children 4 to 6 years old, WAUGH has had success with

Phenacetine	gr. ii
Pulv. ip. et op	gr. $\frac{1}{2}$

Make one powder.

S.—At a dose every two hours.

—*Sateltite.*

PUBLIC HEALTH.

By W. R. CLUNESS, M.A., M.D., San Francisco, Cal.

Mortality for February.—The deaths registered in 98 town districts of the State during the month of February, in a population of 801,501, correspond to an annual rate of 15.24 a thousand; the total mortality having been 1,019. 82 deaths were due to zymotic diseases, giving an annual rate of 1.20 a thousand; of these, 21 were due to diphtheria, 0 to cholera infantum, 18 to typhoid fever, 6 to diarrhea and dysentery, 8 to cerebro-spinal fever, 3 to whooping cough, 8 to croup, 1 to remittent and intermittent fevers, 14 to scarlet fever, 0 to measles, and 3 to small-pox. 347 deaths resulted from diseases of the respiratory organs, giving an annual rate of 5.16 a thousand; of these, 187 were due to consumption, 121 to pneumonia, 33 to bronchitis, and 6 to pulmonary congestion; the rate being for consumption and pneumonia 2.76 and 1.80, respectively. 89 deaths resulted from diseases of the heart, 3 from alcoholism, 1 from erysipelas, 29 from cancer, and 416 from causes not given. The average annual death rate from all causes occurring in the ten largest cities and towns, and representing a population of 552,500, was 16.32. The highest rate for the month, occurring in cities having a population of 10,000 or more inhabitants, was reported from Stockton; the lowest from San Diego.

METEOROLOGY.

Summary for February.—*Temperature.*—The normal temperature of the State for February is 53.0°. The mean for February was 46.2°; a departure from the normal of —6.8°. The highest monthly mean was 59.0°, at Needles; the lowest 29.6°, at Susanville. The maximum was 89°, at Winchester; the minimum 3°, at Susanville. The greatest monthly range was 60°, at San Jacinto; the least 20°, at Yuba City. The difference between the highest and the lowest temperatures recorded in the State is 86°.

Rainfall.—The normal precipitation for the State for February is 3.43 inches; and the average for February was 3.50 inches; a departure from normal of +0.07. The greatest monthly precipitation was 13.07 inches, at Meadow Valley; and the least, nothing, at Needles. There was hail and sleet at different points in the State on the 1st, 3d, 4th, 6th, 8th, 12th and 25th. The prevailing winds were westerly.—JAMES A. BARWICK, Director California Weather Service.

California—Tabular Statement for February, 1893.

STATIONS.		TEMPERATURE.						RAINFALL.		Mean Relative Humidity	WEATHER.			WIND.	FURNISHED BY—
		Mean	Highest	Lowest	Mean Highest	Mean Lowest	Mean Daily Range	No of Days Rain Fell	Total Rainfall		No. of Clear Days	No. of Fair Days	No. of Cloudy Days	Prevailing Direction.	
Auburn	Cal.	51.9	77.0	29.0	----	----	----	----	4.74	----	----	----	----	E.	Southern Pacific Company.
Berkeley	"	44.8	66.0	32.0	54.9	41.8	13.1	8	3.28	82.0	14	7	7	N.	Obs. University of California.
Colfax	"	46.2	80.0	26.0	----	----	----	----	5.68	----	----	----	----	E.	Southern Pacific Company.
Eureka	"	45.2	57.0	29.0	51.2	39.1	12.1	17	6.27	88.0	6	9	13	N.	Weather Bureau Dept. Agr.
Fresno	"	48.4	70.0	28.0	58.2	38.7	19.5	5	2.21	76.0	16	5	7	N.W.	" " "
Keeler	"	44.3	64.0	26.0	53.6	35.0	18.7	4	0.13	45.0	11	5	12	N.W.	" " "
Los Angeles	"	55.0	79.0	38.0	65.5	44.6	20.9	5	2.27	73.0	13	10	5	N.E.	" " "
Monterey	"	51.7	68.0	32.0	----	----	----	----	3.34	----	----	----	----	S.	Southern Pacific Company.
Napa	"	52.4	73.0	33.0	61.0	43.7	17.3	9	2.19	73.0	14	5	9	N.	Station Napa Insane Asylum.
Oakland	"	48.7	66.0	35.0	55.8	41.5	14.3	9	3.25	86.0	14	7	7	N.W.	Chabot Observatory.
Paso Robles	"	46.6	72.0	26.0	----	----	----	----	4.09	----	----	----	----	N.	Southern Pacific Company.
Red Bluff	"	47.0	70.0	27.0	55.3	38.2	17.1	8	3.22	73.0	13	8	7	N.W.	Weather Bureau Dept. Agr.
Sacramento	"	48.3	67.0	24.0	55.4	41.2	14.2	7	2.66	78.0	10	7	11	N.W.	" " "
San Bernardino	"	52.5	77.0	30.0	65.0	40.1	24.9	6	3.37	67.0	15	6	7	N.	A. K. Johnson, M. D
San Diego	"	54.4	75.0	40.0	63.3	45.6	17.7	4	0.47	69.0	14	10	4	N.W.	Weather Bureau Dept. Agr.
San Francisco	"	50.3	69.0	39.0	56.2	44.4	11.8	9	2.75	70.0	11	10	7	S.W.	" " "
Santa Barbara	"	53.4	72.0	38.0	62.6	44.2	18.4	4	3.10	69.0	19	1	8	N.W.	Hugh D. Vail.
Santa Cruz	"	49.4	72.0	35.0	----	----	----	6	4.25	----	20	3	5	N.	W. R. Springer.
Yuma	A. T.	60.0	87.0	32.0	74.7	45.5	29.2	0	T.	33.0	16	10	2	N.	Weather Bureau Dept. Agr.

Blank (----) indicates data missing.

Occidental Medical Times.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: APRIL, 1893.

THE UNCERTAINTIES OF TRIAL BY JURY IN CRIMINAL CASES WHERE THE INSANITY PLEA IS URGED.

A remarkable verdict, considering the evidence in the case, was recently given by a jury in a trial before the Superior Court of one of the interior counties of the State. A young man, 20 years old, who had been working on a ranch, was accused of having shot a fellow-laborer in the back of the head with a pistol, the ball glancing off, inflicting but a slight scalp-wound. The circumstances which led to the shooting were quite peculiar. The accused had only known the victim about two weeks and had been on friendly terms with him. They had been engaged in plowing on the same farm, had eaten at the same table and slept in the same haystack. On the evening before the tragedy, while about to finish their work in the field, the accused said, in an angry manner: "Say, is it true that you are following me; have you said that I was in a woman-scrape up in Colusa?" The answer was: "No sir; I know nothing about you; didn't know you had a woman." The accused then said: "Well, all right." They separated and nothing further was said that night. On the following morning the accused seemed nervous and hurried his preparations for the day's work in the field. Before breakfast, just as he had finished washing himself, he met the victim and said: "How long do you think it will take to finish the plowing?" The latter answered: "O, about two weeks." The accused then said: "Well, are you going to stay here that long." The answer was: "Yes, I think I will stay as long as there is any work to do." Almost immediately the accused drew a pistol and fired, with the result already mentioned. The wounded man ran screaming into a house near by, but his assailant made no effort to pursue him. This is all that could be ascertained, there being no witness to the occurrence. How the accused acted, or what became of him immediately after the shooting, is unknown, but after some time he went to an officer and gave himself up, saying he had had trouble with some one.

At the trial witnesses, mostly former employers of the accused, testified that he had been a faithful, reliable, well-behaved young man, who was not addicted to liquor, or dissipated sexually, and was generally well-liked. It was proved that his mother had been twice an inmate of the Napa Asylum, in 1878 and again in 1880, and a sister of his father had just been committed to an insane asylum in Nebraska. A witness testified that a couple of years ago the accused was ploughing for him with an eight horse team, when a peculiar accident happened. His employer, who happened to be in another part of the field, noticed that the team was headed straight for a flume, three feet high and six to eight feet long. Some of the horses managed to get over the flume, when the plough-tongue broke and the horses started on a run towards the other end of the field. The accused was observed to sit motionless on the plough while the horses were headed for the flume and after they broke away. It was not until his employer had caught the horses that he left his seat and helped to harness them again, without saying a word. On another occasion he was working on a harvester and suddenly fell over backwards, remaining unconscious for five to ten minutes. When he recovered consciousness he was able to go on with his work as usual. Several witnesses from Colusa testified that they had never heard of his having quarrelled with anybody or that he had been in any woman scrape.

A hypothetical case containing the above history was submitted to **Dr. A. W. Hoisholt**, of the Stockton Asylum, who had been summoned as an expert. He gave the opinion that the subject of the hypothetical case was suffering from epilepsy, as far as the incomplete history and lack of detail in the account of the tragedy enabled him to judge. The jury, after a deliberation of less than two hours, sent in a verdict of "guilty of assault to murder." After the argument of the case had commenced, the attorney for the defense received a letter from an acquaintance of the prisoner, who said he could testify to having seen the latter, on several occasions, in epileptic fits. This case illustrates the fallacious method of having a medical expert give an opinion of the sanity of a person charged with a crime by submitting to him an often poorly described hypothetical case. It is also an instance, not often met with, where an acquittal on the grounds of insanity would have been justifiable.

THE COMMENCEMENTS—COLLEGE OF DENTISTRY.

The commencement exercises of the College of Dentistry, University of California, were held at Odd Fellows' Hall, San Francisco, on Thursday evening, March 9, 1893. The event took place much later this year than usual, owing to changes in the time of holding the lecture courses. In conformity with a resolution passed by the united dental colleges of the United States, looking to the establishment of corresponding terms in all regular dental colleges, the Dental Department of the University of California will change the term so as to coincide with other colleges. In the future, therefore, the commencement exercises will be held in May.

The address on behalf of the Faculty was delivered by HARRY P. CARLTON, D. D. S. The degrees were conferred by MARTIN KELLOGG, M. A., President of the University.

The following are the names of the graduates:

Edmund James Alger, Reginald Heber Allen, Jorge Arroyo, Frank Parker Ashworth, William Nelson Avery, Augustus Griffin Bennett, Jr., Paul Stirling Coke, Emille William Davis, Cecil Chalmers Dennis, Albert Terrill Derby, William Caughlin Grove, Wilbur Hanford Halsey, George Hermann Huddy, Oscar Litchfield, William Andrew McQuitty, George Hubbard Meredith, Edward Thomas Mervy, Edward Franklin Parr, Corydon B. Root, Ernest Frederick Schlott, Frederick Schumacher, Walter Kendal Scott, James Graham Sharp, Allen Holman Suggett, B. S., Harry Francis Sullivan, Robert Lee Taylor, William Emmett Taylor, Joseph Treleaven Thomas.

The total number of students in attendance during the past session was 106, the number of matriculates being 57.

NEW LAWS.

The following are the chapter numbers of the bills—now laws—that have been noticed in previous issues. Those relating merely to appropriations for, or in connection with, existing State institutions have been omitted. We shall reserve the subsequent history and fate of those measures already noticed for a future issue.

Chapter LX.—An Act to amend an Act entitled, "An Act to insure the better education of practitioners of dental surgery, and to regulate the practice of dentistry in the State of California," approved March 12, 1885. Chapter LIV.—An Act to amend section three hundred and seventy-four of the Penal Code, relating to crimes against public health. Chapter LVII.—An Act to amend an Act entitled, "An Act to regulate the practice of pharmacy and sale of poisons in the State of California," approved March 11, 1891. Chapter LXXXIII.—An Act to amend an Act entitled, "An Act to establish a Penal Code," approved February 14, 1872, by amending section three hundred and ninety-seven thereof, relating to penalties for selling liquor to habitual or common drunkards, and Indians. Chapter CV.—An Act granting the right-of-way and station grounds to the Southern California Railway Company over a portion of the asylum grounds in the county of San Bernardino. Chapter CXXXII.—An Act to repeal an Act entitled, "An Act to provide for the erection at San Quentin State Prison a building for the accommodation of the insane prisoners, and making appropriation therefor," approved March 19, 1889.

CALIFORNIA NORTHERN DISTRICT MEDICAL SOCIETY.

The semi-annual meeting of the California Northern District Medical Society, held at Biggs on Tuesday March 21st, was a pleasurable and profitable re-union. The attendance was good and the interest manifested in the proceedings speaks well for future work. It has now been demonstrated that it is possible to hold a good meeting twice a year and the experimental period of the Society can be considered as passed. In another column we give a report of the proceedings that will be read with interest by those who were unavoidably absent, through stress of weather or professional engagements. The Society decided to meet in Sacramento next October and we anticipate a warm welcome and a large accession to the membership from this vicinity. Several important amendments to the Constitution were adopted, which place the Society in line with the State organization. The date of meeting has also been changed from the third to the second Tuesday of the month.

THE STATE SOCIETY.

The twenty-third annual meeting of the State Society will be held in B'nai B'rith Hall, Eddy street, San Francisco, April 18, 19 and 20. Circulars have been issued to members of the Society only, but any physician who is in good standing with his local Society, and who has resided in the State for six months, is eligible for membership. Applicants should communicate with DR. J. H. WYTHE, the Chairman of the Board of Censors, and forward the sum of $7 ($2 initiation fee and $5 annual dues). Reduced transportation rates will be found in another column.

The Committee of Arangements has this year reverted to the methods of former years. There will be three daily sessions, except on the last evening, which will be devoted to the old-time banquet, "for members of the Society only." We hope that this is only a temporary reversion, for certainly most people have been pleased with the arrangement that has obtained of recent years. There will be no exhibition in connection with the meeting.

NOTES.

Rates and Fares.

The following reductions in transportation rates are available to visiting physicians and their families: The Southern Pacific Company will give the usual rate of one and one-third fare, round trip. The San Francisco and Northern Pacific R. R. offers the same reduction. No others are mentioned. Passengers must take receipt of agent and preserve same to be countersigned by the Secretary at the meeting, and upon presentation to ticket agent at San Francisco, a return ticket will be sold for one-third fare. Tickets can be purchased at any time before the meeting, and are good until forty-eight hours after adjournment, or until Saturday, April 22d. Owing to a misunderstanding, the necessary blank forms for railroad certificates have not been sent out. They will, however, be in the hands of members at an early date. No reductions in hotel rates have been offered.

Voluntary Papers.

The following are the titles of voluntary papers, with the names of their authors, which have so far been received: "A Case of Lymphadenoma of the Neck," by Emma S. Merritt, San Francisco; "Statistics in Refraction," by W. F. Southard, San Francisco; "Abuse of Atropine in Diseases of the Eye," by K. Pischl, San Francisco; "Hypertrophy of the Pharyngeal Tonsil, and the Importance of its Early Recognition by the General Practitioner," by A. Barkan, San Francisco; "Some Sanitary Suggestions," by L. E. Felton, Hanford; "Some Cases of Leucoplasia of the Mucous Membranes of the Tongue, Lips, and Cheek." by D. W. Montgomery, San Francisco; "Some Observations on Abortion," by W. F. Lynch, Oakland; "The Obstetric Forceps," by W. A. Briggs, Sacramento; "Mediastino-Pericarditis, Secondary Empyema, Exhibition of Specimen;" by Wm. A. Edwards, San Diego; "Fractures of the Skull," by H. W. Smith, Placerville; "Empyema in a Child Six Years Old," by W. J. G. Dawson, St. Helena; "Differential Diagnosis of Vascular and Muscular Tinnitus Aurium," by T. F. Rumbold, San Francisco; "The Legal Duty of Physicians in Preventing the Spread of Contagious Diseases," by S. R. Mather, San Francisco; "Two Cases of Deep Seated Urinary Fistulæ," by L. Bazet, San Francisco; "The Curette and its Uses," by W. H. Mays, San Francisco; "Ideal Medicine," by Washington Ayer, San Francisco; "Some Practical Points on the Treatment of the Urethral Stricture," by H. W. Yemans, San Francisco; "Vagaries in Epidemics," by E. V. Lonigo, San Francisco; "Surgical Treatment of Epilepsy," by G. F. Sheils, San Francisco; "Climatic and Local Influences on Surgical Operations," by J. F. Boyce, Santa Rosa; "The Hygiene of the Upper Respiratory Tract," by H. L. Wagner, San Francisco; "The Keeley Treatment of Alcoholism," by J. W. Robertson, San Francisco; "Eczema Seborrhceum," A. P. Woodward, San Francisco.

The Discussions.

Following are the Standing Committees, with the names of the Chairman, and of the members who have been appointed to open the discussion in each section. Wherever obtainable, the title of the paper is also given: Clinical Medicine, W. F. McNutt, San Francisco; Surgery, C. W. Nutting, Etna Mills; "Surgery in the Country," R. A. McLean, San Francisco. Obstetrics, Charlotte B. Brown, San Francisco, A. W. Taylor, Oakland; Gynecology, Francis L. Haynes, Los Angeles. "Seventy Successful Cases of Abdominal Operation without a Death, with Some Remarks on Total Abdominal Hysterectomy for Fibroma," Luke Robinson, San Francisco. Diseases of Children, H. M. Pond, St. Helena. "Diphtheria or Scarlatina, Which?" C. H. Steele, San Francisco. Ophthalmology and Otology, W. E. Hopkins, San Francisco. "Recent Advances in Treatment of Eye and Ear," George H. Powers, San Francisco. Laryngology and Rhinology, William Ellery Briggs, Sacramento. "Adenoid Vegetations," Thomas F. Rumbold, San Francisco. Diseases of the Mind and Nervous System, G. B. Richmond, Salinas. "Suggestions in Therapeutics," J. W. Robertson, San Francisco. Dermatology and Venereal Diseases, G. C. Simmons, Sacramento. "Skin Diseases in Central California;" J. P. Bucknall, Los Angeles. State Medicine, Winslow Anderson, San Francisco. "Adulteration of Foods," W. S. Thorne, San Francisco. Medical Topography, C. A. Ruggles, Stockton. "Communicability of Diseases and Its Prevention," James Simpson, San Francisco. Indigenous Botany, W. P. Gibbons, Alameda. "Indigenous Medicinal Plants of California in Connection with Comparative Therapeutics," A. L. Lengfeld, San Francisco. Medical Jurisprudence, J. P. Boyd, Santa Ana. Histology and Microscopy, J. C. Spencer, San Francisco. "General Observations on Histological Progress," D. W. Montgomery, San Francisco. Anatomy and Physiology, A. W. Hoisholt, Stockton. Pathology, J. H. Barbat, San Francisco. "Resume of Pathological Advances," Albert Abrams, San Francisco.

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, February 21, 1893.

The President, G. C. SIMMONS, M. D., in the Chair.

New Member.—H. H. LOOK, M. D., was duly elected a member of the Society.

Fracture of Jaw, with Loss of Several Teeth and a Portion of the Alveolar Process.—DR. T. W. HUNTINGTON presented a patient who had sustained a fracture of the lower jaw, accompanied by the loss of all but three of the teeth and part of the alveolus of that bone. The patient had fallen against a chair with an oak seat, and six of the teeth had penetrated the wood so firmly as to remain imbedded therein. A plate had been made by a dentist, with three projections, corresponding to the teeth that remained, and the case was progressing favorably, with every prospect of a successful result.

Dr. F. C. Durant.—The committee on the death of Dr. F. C. Durant presented its report, which was read and ordered spread on the minutes.

DR. W. A. BRIGGS read a paper on "The Obstetric Forceps," exhibiting two new instruments, a long and a short forceps. This paper was preceded by a short one on "A Method for Increasing the Usefulness of the Society."

DR. F. B. SUTLIFF thought the new forceps had many points to recommend them, especially the handles, which could be readily and strongly grasped. He hoped the old idea of waiting so long for labor to terminate, and only applying the forceps when the patient was exhausted and under chloroform, would soon be a thing of the past. With the present forceps there was often great difficulty in applying them, and subsequently in delivering.

DR. J. H. PARKINSON thought that the new instrument was an excellent one and could be readily used after one had become familiar with it. Many devices had been suggested for increasing the extractive force, and he believed that the forceps exhibited enabled all the necessary power to be applied.

DR. T. W. HUNTINGTON, while not very familiar with the subject of forceps, would be rather suspicious of any complicated instrument that demanded much manual dexterity in its adjustment. He said this on the general principle that surgical instruments should be as simple as possible. As an illustration, he had found that the best needle-holder was a simple forceps, having a facing of soft metal on the jaws, in which the needle could be sunk.

DR. G. A. WHITE said the instrument under discussion showed great ingenuity, but in his opinion it lacked simplicity so necessary in an instrument of that character. He was afraid that it would fail at a critical moment.

DR. F. L. ATKINSON regarded the curve of the blades as a marked improvement over the Elliot forceps

DR. J. R. LAINE thought the movable handle was the worst feature of the instrument shown. He had always been able to obtain sufficient force, supplementing his own strength, when necessary, by having some one make traction from his shoulders or waist.

DR. H. L. NICHOLS said, at the risk of being regarded as an "old fogy," he believed that the forceps were seldom needed, and were certainly applied more frequently than was necessary. He thought that too early application was as bad as too late. Personally, he would prefer a simpler instrument than the one proposed.

DR. H. D. LAWHEAD, of Woodland, while admitting the complexity of these forceps, believed that the attainment of the end was the object to be sought. If this required a complicated instrument, then the obstetrician's duty was to familiarize himself with any means by which he could reach a successful issue.

DR. W. A. BRIGGS, in replying, said that the slipping of the handle, to which objection had been made, was due to faulty construction, and would be remedied. Regarding the question of force exerted in extraction, it was necessary for the operator to have a reserve of force to insure delicacy in manipulation. This was not always possible with the instruments now in use. In reply to an inquiry, he said the perineum was torn in most cases where forceps were used, especially in primiparæ. Many times a rupture, of more or less severity, would be found upon close inspection that would escape the usual, rather careless, examination.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting, February 14, 1893.

The President, H. H. HART, M. D., in the Chair.

Perinephritic Abscess Ending with Perineal Lithotomy.—DR. H. I. JONES read a paper on this case, which was reported in detail. The patient, a boy two years old when first seen in Aug., 1891, was suffering from a swelling in the left lumbar region, presumably due to hip-joint disease. This was subsequently opened and a quantity of pus discharged. The discharge continued for two months, and ceased. Then the child began to complain of pain in the region of the scrotum, and it was noticed that a good deal of pus was flowing *per urethram*. This was accompanied by concretions, probably phosphatic, which the mother stated she could triturate between her fingers. By this time all hip-joint symptoms had disappeared. Analysis of the urine showed albumin, pus and casts, so that no doubt the abscess had found its way into the bladder through the left ureter. The patient was not again seen until October, 1892, when he was suffering excruciating pain during and after micturition. Diagnosis of calculus was confirmed on examination under chloroform. On December 9th lateral lithotomy was performed, and two calculi [specimens exhibited] were removed. One of these was a large ovoid stone, and attached to it, as a tail to a kite, by tenacious mucus was the swollen stone. No drainage tube was inserted. On the fourth day urine passed *per urethram*, and on the fourteenth day the wound was perfectly healed. The speaker said he believed that 50 per cent. of the cases reported as hip disease, and cured without lameness or deformity, have never been hip disease at all, but are cases of perityphlitis, perinephritis, periarthritis, and various diseases of the hip and surroundings.

DR. J. ROSENSTIRN said the assertion that 50 per cent. of cases diagnose as hip-joint disease were not hip disease at all, was, in his opinion, altogether too sweeping. In the case presented, the inflammation was too high up to mislead the diagnosis. The operator was to be congratulated on such successful results, as often a fistula remained.

DR. O. V. THAYER said that he had seen the case some weeks before operation, and the change resulting from surgical interference had been remarkable.

The Murphy Anastomosis Button.—DR. J. H. BARBAT read a paper upon the Anastomosis Button, and reported a case of gastro-enterostomy in which it had been used. The instrument was devised for the purpose of performing, rapidly and safely, all the anastomotic operations on the hollow abdominal viscera. It consists of two mushroom shaped pieces of brass with hollow stems, one stem fitting closely into the other. The female stem has a screw thread cut on its inside. The male stem has two small straight springs soldered inside, the ends of which are bent and project through two small holes placed opposite each other, and about one-quarter of an inch from the free end; the projecting ends are so arranged that when the male stem is pushed into the female stem, they engage in the screw threads and prevent the two portions of the button being separated, unless unscrewed. Attached to the female button is a thin brass ring fitting accurately the inside of the bowl; beneath it is a spiral spring which keeps up a continuous pressure of the ring against the edge of the bowl of the male button. The spring is soldered to both bowl and ring to prevent it dropping off. The bowls and ring have three or four small holes drilled through them for the purpose of drainage. The buttons are made in three sizes, one-half inch, three-quarter inch, and one inch, and are gold plated.

The *technique* of the operation is as follows: Assuming the case to be one of gastro-enterostomy. The abdomen is opened in the usual manner in the median line to the extent of about four inches. Search is made for a portion of jejunum, as near the duodenum as possible, and when found, it is brought into the abdominal wound. Two rows of stitches, about one-third of an inch apart, three running stitches in each row, are then taken with a single silk thread, making a draw-stitch. These stitches are placed parallel with the sides of the gut and opposite the mesenteric attachment. An incision two-thirds the length of the diameter of the bowl is then made in the centre of the stitching, and one-half of the button introduced by holding the stem in a pair of forceps, and, steadying the gut by means of the threads, the bowl is slipped through the incision, the draw-string pulled tight and tied around the stem, and the ends of the thread cut off short. This is then held by an assistant, while the operator goes through the same procedure on the stomach. The peritoneum at the edges of the bowls is then lightly scraped with a scalpel. When both halves of the button have been placed in position, all the operator has to do, is to press them together and drop them into the abdominal cavity. Care must be exercised so that none of the contents of the stomach or bowel gets into the peritoneal cavity, and also that the draw-string is entirely within the bowl before bringing the two portions of the button together. When the anastomosis does not include the stomach, it has been found by experiment that the ring and spring are not necessary, as the pressure exerted at the time of operation is sufficient to cause sloughing of the tissues between the edges of the bowls; but when the stomach is included in the operation, they are absolutely necessary, in order that continuous pressure may be kept up on the thick gastric wall. If the ring were not used, as soon as atrophy of the tissues began between the edges of the bowls the pressure would become less, and if sufficient tissue intervened, the blood supply would be kept up and the button would remain as a permanent fixture.

When everything is successful the button is passed in from two to six weeks, according to the thickness of the tissues operated upon; and an opening, of the diameter of the button, remains. The principal advantages gained by using the button are: (1) The saving of time, the operation of gastro-enterostomy having been performed on the living subject in six minutes from the time of opening of the peritoneum to the closing of the same. (2) The character of the cicatrix. In all other methods of performing intestinal anastomsis the cicatrices are from one-eighth to one-fourth inch or more in depth and consequently have considerable tendency to contract after a time. The cicatrix after using the anastomosis button is linear, and therefore we have no likelihood of any subsequent contraction. (3) The exact apposition of the parts to be united, precluding the possibility of escape of visceral contents. No danger of stitches cutting through. (4) The ease with which even an amateur may perform the most difficult anastomoses.

The patient referred to in this paper was 36 years of age, and married. She had suffered from gastric trouble for four years and had become rapidly worse. The diagnosis of carcinoma of the stomach, which had already been made by several surgeons, was confirmed, but the patient begged so strenuously for some sort of relief that an operation was determined on. An incision, four inces long, was made and the stomach, which looked exactly like a normal kidney in color, size and shape, was exposed. It was then seen that the entire organ was the seat of carcinomatous infiltration, the walls in some places being at least an inch thick. The male portion of the button was inserted at the presenting point. The omentum between the great curvative of the stomach and the transverse colon was torn, a loop of jejunum drawn through the opening, the female portion of the button, placed in position, and the two halves being pressed together, the operation was finished. The button was passed on the 29th day after operation. She was then free from all her disagreeable symptoms, but, unfortunately exposing herself, she caught cold and sank rapidly, dying from exhaustion. *Post-mortem* examination showed the opening into the bowel to be almost large enough to admit two fingers. Union was absolutely perfect.

DR. F. B. CARPENTER said he had no doubt that many other uses would be found for this button. In the case reported, the patient would probably have died within a day or two but for operative interference. Undoubtedly a great many diseases may be relieved by the use of the button.

DR. BEVERLY MCMONAGLE said it was exceedingly satisfactory to listen to such a distinct and comprehensive description of the use of the button. He quite agreed with Dr. Barbat that every physician should be supplied with one.

DR. C. M. RICHTER admired the ingenuity of the inventor of the button. He thought, however, under certain circumstances that gangrene and sloughing might accompany its use.

DR. G. F. SHIELS said it is the consensus of opinion, amongst surgeons, that it is not necessary to use a plate or a button. The button is very pretty, but it is uncertain and dangerous.

DR. J. ROSENSTIRN regarded the use of the Lembert suture as a very slow proceeding. Four rows are necessary. The process will require at least an hour. The button appeared to be a surgical convenience. There must be gangrene in the tissues, between the margins of the button.

Dr. Dudley Tait had seen sutures used in two cases while in Paris. The button is an improvement, yet it may be superceded as the plates have been. Extreme care should be exercised in the selection of cases for such operations.

Dr. C. G. Kuhlman did not think the use of the button was entirely without danger. He could not regard its employment as justifiable in malignant pyloric stenosis.

SAN FRANCISCO SOCIETY OF EYE, EAR, NOSE AND THROAT SURGEONS.

Regular Meeting, March 9, 1893.

The President, Geo. H. Powers, M. D., in the Chair.

Election of Officers.—The following were elected officers for the current year:

President,	Geo. H. Powers
First Vice-President,	A. Barkan
Second Vice-President,	M. C. O'Toole
Secretary,	W. A. Martin
Treasurer,	K. Pischl
Executive Committee,	H. L. Wagner, W. F. Southard

Injury to the Lens by a Rose Thorn.—Dr. M. C. O'Toole reported the case of a man, aged 42, in whom a fine rose thorn had perforated the cornea, penetrating the capsule of the lens. There was very little inflammatory action present and the pupil was well dilated. The lens had gradually become opaque so that now, though unable to count fingers, patient can distinguish motion of the hand when his back is to the light. Dr. O'Toole thought that as there was still some inflammatory action present, it would be better to wait until it had disappeared before doing a cataract operation.

Injury to Eye Caused by an Explosion of Giant Powder.—Dr. A. Barkan reported this case, which was of 12 days' standing. There was now a slight scar above the cornea, within the limits of the ciliary body, with some ciliary injection. The pupil was well dilated, there was no synechia, and the lens was clear. Midway in the vitreous a grayish white field presents, in the centre of which a foreign body, 2 or 3 lines in diameter, irregular in shape, almost black in color, can be distinctly seen. There is another and smaller foreign body a short distance removed and in the same field. Neither move with the eye, which is exceedingly sensitive to touch; tension is unaltered and V. = O. The question to determine was the advisability of attempting the removal of the foreign body with the electro-magnet or other means so as to preserve the globe of the eye.

Dr. K. Pischl advised enucleation in order to insure the patient's sight in the future, he being a laboring man and not likely to remain under the observation of an oculist.

Dr. E. R. C. Sargent questioned the safety of any intraocular manipulation as long as there was ciliary injection and hyalitis.

Dr. W. A. Martin advised enucleation as the presence of two visible foreign bodies suggested the probability of there being others present and hidden. As these fragments were most likely of copper (being from a cartridge) they would almost certainly cause serious results if allowed to remain.

CALIFORNIA NORTHERN DISTRICT MEDICAL SOCIETY.

Semi-Annual Meeting, held at Biggs, Tuesday, March 21, 1893.

MORNING SESSION.

The semi-annual meeting of the California Northern District Medical Society was held at Odd Fellows' Hall, Biggs, on Tuesday, March 21, 1893. The meeting being called to order by the President, W. R. Cleaveland, of Biggs.

Address of Welcome.—B. Caldwell, of Biggs, the Chairman of the Committee of Arrangements, delivered a short address of welcome. He said that the profession of Biggs extended a hearty welcome to the visitors and though their facilities were less than more pretentious cities offered, he believed the meeting would be a most successful one. It was inevitable that this Society must in time visit many sections of Northern and Central California, and he would always assure them of a hearty greeting at Biggs.

Varicose Ulcer.—In the absence of the author, T. W. Serviss, of Oroville, this paper was read by the Secretary, E. E. Stone, of Marysville. The author entered at some length into the pathology of this troublesome affection and detailed some of the most promising methods of treatment. (To be published.)

Dr. L. Melton, of Wheatland, said he cleansed an old ulcer of this kind with peroxide of hydrogen and then curetted, or else used strapping with position.

Dr. G. W. Stratton, of Marysville, confined these cases to bed, if necessary curetting and using antiseptic solutions. He had used skin grafting by the the Reverdin method and obtained cicatrization, but he found that when healed the ulcer readily broke down.

Dr. O. Stansbury, of Chico, said he usually dressed these ulcers antiseptically and placed the limb at rest. He believed it was of great importance to first remove all hardened tissue covering the sore. Systematic strapping was, perhaps, the most satisfactory treatment. In applying his strapping he put on the first strap in the centre of the sore and the two succeeding ones above and below until the surface was thoroughly covered. After these ulcers had healed it was very necessary to keep the parts supported by constant bandaging. If this was not done they soon broke down, which, indeed, they were prone to do under any circumstances.

Dr. O. C. Hawkins, of Biggs, said that many of the cases he had seen were in intemperate subjects. No matter what treatment was used he believed they would recur, unless great care was taken in providing support for the parts.

Dr. B. M. Gill, of Dunsmuir, said that in many cases there seemed to be a deficiency in the nervous supply. In addition to the usual methods, he had found electricity (the Faradic current) exceedingly useful in these cases. Subsequent mechanical support was all important. While many of these cases occurred in intemperate subjects, the disease was by no means confined to them. Thus women were common sufferers from it, and that, when there was no suspicion of over indulgence.

Dr. J. R. Todd, of Gridley, thought the most important thing was rest, which was exceedingly difficult to obtain. Then antiseptics and asepsis. When healed, permanent support should be employed, but even then the ulcers frequently recurred, and he did not know of a more troublesome class of cases.

AFTERNOON SESSION.

Sixty Years of Practice.—B. Bussey, of Biggs, who has been sixty years in practice, addressed the Society, by special request, and spoke on the subject of "Medical Ethics." He said he believed the best place to ascertain whether or not a physician was a gentleman, was by observing his conduct in consultation. He thought the line should be very strictly drawn regarding irregular practitioners, who should be avoided. He feared that modern physicians were less concerned about professional conduct than was desirable. The speaker, in concluding, alluded to the lost art of phlebotomy, which was sound in practice and in pathology. He also mentioned the fact that the use of emetics had practically ceased. This was a grave mistake, for many a case now treated by other means at greater length, would be promptly and permanently relieved by a simple emetic.

Conical Cornea.—Dr. W. E. Briggs, of Sacramento, presented a very marked case of conical cornea [patient exhibited.] He said: This patient presents a rare and interesting condition, which has nearly destroyed vision in the right eye, and reduced it to counting fingers at fifteen feet with the left. The history of this boy shows a long succession of eye disease. About six years ago he came to me with granular lids, from which he recovered after a long treatment. At that time, and for several years, his vision was perfect. He had, however, recurrent attacks of conjunctivitis, especially during the heat of the summer months. About three years ago he was again brought to me on account of dimness of vision. The vision of the right eye was reduced to $\frac{20}{70}$, while the left was a little better. At that time there was distinct conical cornea. I tried the compress bandage and tonics and other constitutional treatment without any benefit. In fact, the vision has gradually become less acute, until at present he can only count fingers at three feet with the right eye. On the cornea of this eye there is a superficial ulcer near the apex of the cone. With a perfectly healthy and well-nourished child, as this boy appears to be and has always been, it is impossible to give any reason why his corneal tissue should have atrophied, thus producing thinning and weakening of this membrane. Up to within recent years such cases had been treated by excising a small portion of the apex of the cone, and leaving the wound to cicatrize. A contracting and firm scar was thus formed, which produced flattening of the cornea More recently the same result is obtained by perforating the centre of the cornea at the apex of the cone by a small galvano-cautery point. The iris should be kept out of the way of the perforation by atropine dilatation until the wound is healed. It may be best to do a small iridectomy for optical purposes, and the appearance of the eye can be improved by tattooing the scar left in the cornea.

Calcareous Cup found in an Atrophic Eye.—DR. BRIGGS also exhibited a large calcareous cup found in an atrophic globe, which he enucleated the previous week. The patient, a young man, had injured the eye by penetrating it with a knife blade about twenty-four years ago. The eye retained some vision for a few weeks, but the pupil soon became occluded with inflammatory product. The eye became totally blind, and finally shriveled up into a small, disfiguring stump. When the patient consulted the speaker, a week ago, he was suffering with pain and uneasiness of the good eye, which had troubled him at frequent intervals during the past year, sufficiently to prevent him following his occupation as an engineer. The injured eye had frequently inflamed and pained him during his school life. The globe was hard to the touch and greatly atrophied, the cornea largely made up of scar tissue, and no pupil could be seen. When enucleated this perfect cup, filling the entire eye, was found. The bony tissue had formed in the choroid and iris. The portion of the hard deposit in the iris was quite separate from the rest and formed a complete lid to the cup. In the bottom of the cup there was a small opening through which some vessels entered. That this large and hard bony growth should cause sympathetic irritation, is not strange. It would also have been very likely to cause a sympathetic inflammation at some time, as the eye contained a good deal of material resembling partially dried pus. All pain and irritation of the good eye subsided after the first day succeeding the operation.

Cured Hip-Joint Disease.—O. C. HAWKINS, of Biggs, exhibited a boy 13 years of age, who several years ago had been the subject of hip disease. When seen by the speaker the case had passed through several hands, including the inevitable round of quacks. He had been confined to bed and treated by extension, etc. There was some shortening, but the patient had a useful limb and was able to get about very much as other boys. While the trouble in the hip-joint seemed to have disappeared, he had recently discovered that there was undoubted commencing disease of the right carpus. This was apparently quite extensive and it seemed probable that an amputation would ultimately be necessary.

EVENING SESSION.

The Treatment of Abortion.—DAVID POWELL, of Marysville, read a paper upon this subject (published at p. 196) in which while advocating conservative measures in most cases, he also dwelt on the necessity of prompt interference when required.

DR. O. STANSBURY, of Chico, said he was thoroughly in accord with the practice and methods of the author which were so nearly his own that he was unable to differ in any point.

DR. B. M. GILL, of Dunsmiur, mentioned the watch-spring curette as being very useful in cases of retained secundines. It was less likely to damage the uterine wall than the ordinary curette.

DR. O. C. HAWKINS, of Biggs, said he had never seen septic trouble following spontaneous abortion, though he frequently observed it in cases that had been criminally produced. This practice was altogether too common and was unfortunately not becoming less so.

DR. J. H. PARKINSON, of Sacramento, said he was surprised to find so little discussion on this subject, which was one that must interest every general practitioner. Even though there might be no diversity of opinion as to the methods that had been laid down, there was always room for comment. In the management of inevitable abortion a sharp line must be drawn between those cases in which a placenta existed and those in which it had not as yet been formed. In the earlier weeks, it was not uncommon to see the uterine contents come away *en masse*, but where this did not occur he believed it was injudicious to wait. The retained material was quite as capable of causing trouble, as a more matured placenta, while the uterus was less able to empty itself than at a later period. He believed, therefore, that the best plan was to clean out the cavity without any delay. The procedure was quite safe and it obviated all danger. When the placenta had formed, the case presented a somewhat different aspect. Here nature was very often able to empty the uterus unaided. There were two indications for interference—hemorrhage and septic trouble. The latter should never occur where the case, from the first, had been seen by a physician. Many cases, however, only sought medical aid when domestic or non-professional assistance, were unavailing. Where septic symptoms had developed the physician should at once proceed to clean out the cavity. There was no alternative. Hemorrhage could be perfectly controlled by the tampon, but as its use was always attended with discomfort it could only be regarded as the emergency method. He believed that where, after a reasonable interval, the placenta showed no disposition to come away spontaneously, it was much better to remove it and finish the matter. As a tampon he preferred the Braun colpeurynter. It was easy to apply, was aseptic and would remain so, and was equally efficient with any other form.

THE PRESIDENT said he was rather surprised to find that no one had differed from Dr. Powell in his very conservative course. The speaker had followed this practice for years and had had no reason to regret it. He was surprised, because modern gynecological teaching encouraged and suggested interference, and there was no doubt of the influence of this teaching on the profession. Thomas certainly advocated this plan, with proper precautions, and he believed the tendency of modern practice was in this direction.

DR. T. P. PEERY, of Marysville, wished to know what should be regarded as an inevitable abortion. In most cases where pain, hemorrhage, and dilatation coëxist, the uterine contents cannot be saved. He had at present a case under observation where these symptoms had subsided. He was not by any means confident of the woman's future prospects, but for the present he was disposed to wait.

DR. POWELL, in replying, said he generally prepared his tampons by taking the ordinary absorbent cotton and dividing it into pieces. These were dipped in bichloride solution (1:2000) and squeezed dry. The vagina was then packed full with these pieces. He had never found any difficulty in controlling hemorrhage with the tampon. He regarded abortion as inevitable when the fetal ball could be touched by the finger.

Uterine Tinkering—What It Is and What It Is Not.—In the absence of the author, W. A. BRIGGS, of Sacramento, this paper [published at p. 193] was read by J. H. PARKINSON, of Sacramento.

DR. DAVID POWELL, of Marysville, said the author's criticism of "uterine tinkering" was very just. He had no doubt that much of this uterine tinkering was done at the hands of specialists and those who were authorities. He had seen lacerated cervices repaired where there was absolutely no symptom connected with the condition. He had once been called in consultation to see a case where it was proposed to produce abortion because the presence of a lacerated cervix was regarded as a contraindication to continued pregnancy. He was glad to hear Dr. Briggs' position in regard to hysterectomy for uterine cancer. It was true that the patient was sometimes temporarily relieved, but in many cases life was shortened.

DR. L. MELTON, of Wheatland, said the advice given in the paper was good; he thought women were often and unnecessarily treated for supposed uterine disease, who would be much better off if left alone.

DR. O. STANSBURY, of Chico, said his own experience was that interference was too common. He knew of one operator who made a specialty of repairing lacerated cervices, yet the speaker had examined several of those cases before the operation and was quite positive no laceration existed.

THE PRESIDENT said almost any number of an eastern special journal contained reports of many cases of high and low operations on cervix and uterus for cancer, and certainly these operations seemed to be too frequent. It was a long time since he had needed to use the sound to ascertain the size or position of the uterus, and he thought that with practice bimanual examination would reveal all that could be learned by a metallic instrument.

Trachoma.—DR. W. E. BRIGGS, of Sacramento said: In response to your request, Mr. President, to make some remarks upon a subject in connection with my specialty, of general interest to the Society, I will say a few words in regard to trachoma, which is more common in this great valley than in other sections of our State. The dust, excessive glare and strong winds of our summer weather are exciting causes of this essentially chronic disease. The evil results of neglected or badly treated cases are common, and often leave irremediable injury to vision. Up to a few years ago the only treatment in general use was local applications to the granulation tissue. The result of such treatment is slow and unsatisfactory. As a rule the patient could not or would not remain with one physician long enough to obtain a complete cure; and he would, after many failures to receive permanent relief, give up all rational efforts at cure, and remain almost helpless. The introduction of the surgical treatment of this malady has now largely changed this state of affairs. Although surgical treatment of the disease is not modern, it was only within the past ten years that it has been so perfected as to supercede other methods in a large proportion of cases. The best of the various surgical procedure seems to me to be that of squeezing the granules out with Knapp's roller forceps. Grady's forceps answer the same purpose, and several other methods attain the same end by much more violent means. After the granulations have been squeezed out by any method, the conjunctiva should be washed daily with a 1:1000 or 1:500 bichloride solution, until all traces of disease have disappeared. In this way granular lids which previously required three to twelve months to cure, can now be undertaken, with the prospect of better results, in as many weeks, if the case is at all suitable.

Amendments to Constitution and By-Laws.—The following amendments to the Constitution and By-Laws were unanimously adopted by the Society: Constitution, Article III, Section 1; adding after the word "Association," "and who are members in good standing of the local Medical Society where one exists." Article V; adding after "expulsion," "and any member who, from any cause, ceases to be a member of his local Medical Society, where one exists, shall be dropped from the roll." Article VII, Section 2; adding after the word "meeting," "members joining at the semi-annual meetings shall pay $1.00 dues for one-half year." By-Laws, Article I, Section 1; changing the word "third" to "second."—Article I, Section 2; same change.

Place of Next Meeting.—J. H. PARKINSON, of Sacramento, on behalf of the Sacramento Society for Medical Improvement, presented an invitation to hold the October meeting in that city. He assured them that they would receive a hearty welcome, and he felt certain of a large accession to the membership. The Society had not hitherto met so far down the valley, but if they wanted new members, they must move about in all sections of the district. DAVID POWELL, of Marysville, on behalf of the Yuba and Sutter County Medical Society, invited the Society to come to Marysville, where he assured his hearers they would always be welcome. A vote having been taken, Sacramento was chosen as the place of next meeting.

New Member.—B. M. GILL, M. D., was duly elected a member of the Society.

SPECIAL CORRESPONDENCE.

LONDON.

[FROM OUR OWN CORRESPONDENT.]

Dr. Haffkine and Preventive Inoculation for Cholera.—The Leprosy Commission.—Port Sanitation and Cholera.—Psorosperms and Cancer.—Mr. Lawson Tait.—The Action of Chloroform on the Heart.—Treatment of Myxedema by the Ingestion of Thyroid Glands.—The Proposed Central Hospitals' Board for London.

Dr. Haffkine, of the Pasteur Institute in Paris, is at present in England. He has visited the Army Medical School at Netley and has given a series of demonstrations there of his method of inoculating the attenuated comma bacillus as a preventive of cholera Asiatica. He has also attended at the laboratory of the Royal Colleges in London and will give a lecture there before his departure for India, where he hopes to be able to test his plan on a large scale. He is a young man and appears to be full of enthusiasm for his work, and, with all, very modest in his address.

The mention of India reminds me of the long delay in the appearance of the report of the Leprosy Commission. The Indian part of the report was practically finished nearly a year ago, and the finishing touches were given immediately after the figures of the last census were available. The report has been printed in India, but the delay is not wholly or chiefly due to this cause. The Indian report is to be issued with a comment by the Commission in this country which sent the Special Commissioners to India, and rumor has it that it is not easy to arrive at a summary which shall have even the appearance of unanimity. The conclusion reached in India, to the effect that leprosy is so slightly contagious, if indeed it can be called so at all, while very agreeable to the Indian government, who do not want to be forced into a large expenditure on leper asylums and colonies, is very distasteful to the authors of the agitation in this country.

A conference of medical sanitary officers of port authorities was held recently in London and another and larger conference will come together at an early date. The assemblies are due to the initiative of Dr. Collingridge, medical officer of the port of London. The first was concerned mainly with the discussion of administrative details. A motion, condemning quarantine as useless and destructive to trade, was adopted without a dissentient voice. The substitute is directly, almost as costly to the separate ports as quarantine, though the cost to the nation as a whole is trifling. The suggestion that the cost of maintaining the system of inspection at the ports should be borne by the whole country, was warmly supported at the conference, and if cholera appears again in strength this summer at Hamburg the demand will, probably, become too strong to be resisted. The medical staff of the local government board has been strengthened by the appointment of two new permanent inspectors and the nomination of four temporary inspectors for service during the current year. Special inspections of ports which are believed to be defective in their means of dealing with imported disease will be undertaken at once by the Central Board. A defect, which has not yet been remedied, is the absence of an official bacteriological laboratory, with experts ready to undertake the work of searching for the comma vibrio in doubtful cases.

The laboratory of the Royal Colleges, which is the only independent research laboratory in London, is at the present moment largely given up to the study of psorosperms. The Royal College of Surgeons has this year departed from its ordinary custom to give its chief lectureships to senior men, as a kind of perquisite, on their resignation of a seat on the Council, or of the lucrative office of examiner, nominated Dr. James Galloway, one of the younger workers in the laboratory, to give the Morton Lecture. This was a lecture founded by a gentleman who desired to encourage the study of cancer, and cancerous diseases. Dr. Galloway gave a very good account of the present position of the theory of the connection of psorosperms with cancer, but did not venture to advance any very novel doctrines, though he plainly indicated his belief that cancer was due to these low forms of animal life. The research laboratory, under the direction of Dr. Sims Woodhead, has been conducted with much liberality, mental and pecuniary, and, with the Post-graduate course of lectures which has now reached the position of an established institution, has removed from London the reproach to which it was until recently open —that it afforded no opportunities for study after graduation. The Royal College of Physicians of Edinburgh has established a similar laboratory in that city, and publishes yearly a volume of reports, which often contain papers of great value, especially on questions connected with midwifery.

Mr. Lawson Tait has recently succeeded in attracting rather more than his fair share of public attention. In the first place, as was mentioned in a previous letter, he has made himself very prominent as a champion of the Antivivisectors and was even compared to Athanasius by an ecclesiastic who bears an historic name. When twitted with being a member of a committee (the Scientific Grants Committee) of the British Medical Association, which annually granted some £700 for the advancement of medicine by research, he retorted that he had only joined the committee to spy out the land, and, as a consequence of what he found out, had obtained the appointment of a special committee of inquiry to overhaul its way of doing business. Coming into personal controversy with the editor of the *British Medical Journal*, in an evening paper (*The Echo*) he hinted very broadly that he would trim the claws of that redoubtable controversialist at the next meeting of the council of the Association, and those who took the trouble to look into the matter knew that Mr. Tait had endless possibilities of carrying his threats into execution, since he was a member of a committee of the council charged with the duty of controlling the business of the *Journal*. The day before the January meeting of this committee, however, Mr. Tait wrote resigning his seat on it, and his seat on the special committee of inquiry, on the ground that he was getting old and did not love controversy! Two reasons more incredible to any one who knew Mr. Tait, it would have been impossible for him to have assigned. About the same time he resigned his seat on the council of the Association on the ground that he was about to leave Birmingham, and gave the same reason for retiring from the presidency of the Medical Defence Union. This determination to leave Birmingham, which is attributed to family reasons, appeared to be confirmed by his selling his horses and effects and closing his private hospital. In a recent interview with a reporter he is said to have described the statement that he proposed to leave Birmingham as a wicked fabrication, and further developments are awaited with some curiosity. It is positively stated that he is going to America, but as to that you will have better information that can be obtained here.

The chloroform question has been opened again by the remarkable report of Drs. Gaskell and Shore, of Cambridge, who are in complete disaccord with the Hyderabad Commission on the most important point, the action of chloroform on the heart. This new report is founded upon a long series of experiments made in the Cambridge Laboratory, the cost of which has been defrayed by the Hyderabad government. By cross-circulation experiments it was shown that the fall in blood pressure produced by chloroform is not due to any action on the bulbar vasomotor centre; it is nevertheless true that the fall does occur; all parties are agreed to this. The most probable conclusion, therefore, is that it is due to the direct action of chloroform on the heart, *i. e.* direct damage to the contractile walls of the heart itself. It is urged that the observations of the Hyderabad Commission itself, when rightly interpreted, lend support to this view and not to the opposite opinion expressed by that body. At the same time Gaskell and Shore admit, or rather maintain, that the great respiratory centre in the bulb is easily affected by chloroform; further, the depression produced may rapidly become serious. This direct depressant influence comes in to reinforce the unfavorable effect produced on the respiratory centre by the fall in blood pressure. The necessity for watching the respiration therefore remains, but the advice to neglect the heart is condemned.

The number of cases of myxedema which have been treated successfully by thyroid extract continues to increase with great rapidity. Five or six cases were shown at the last meeting of the Clinical Society and many more are under treatment in different parts of the country. Most of them are now being given either the gland itself or some preparation of it by the mouth. A powder obtained by precipitating an extract of the gland to which phosphoric acid has been added, with lime water, has been used with success, and is likely to replace other methods, as the dose can be more accurately adjusted. Experience has already shown that it is easy to give too much; serious, or at least very disagreeable symptoms having been produced by incautiously administering a whole gland at one time.

The proposal to establish a Central Hospital Board for London met with a very bad reception at a meeting specially summoned to adopt it the other day. The meeting was unanimous in condemning the scheme submitted, and there did not seem to be any strong desire for a board of any kind. Mr. Burdett, one of the most influential members of the Hospital Sunday Fund and the founder of the Hospitals Association, and Mr. Diggle, chairman of the London School Board, who are the fathers of the defeated scheme, are not men to sit down under defeat and we are likely to hear of a revised scheme before very long. The fact is that the voluntary hospitals do not want to be interfered with, and the government and municipal authorities are afraid that the first action of the board, if it ever gets constituted, will be to apply for monetary assistance.

LONDON, February 17, 1893.

REVIEWS AND NOTICES.

A KEY TO THE SECRET VAULT. A SOLUTION OF MAN'S ORIGIN, THE PHILOSOPHY OF HIS PRESENT CONDITION AND HIS FUTURE DESTINY. By Robert Wilson Murphy, M. D., San Francisco.

This little book claims to be a solution of man's origin, the philosophy of his present condition and his future destiny. It is rather a series of statements, united by conjunctions than a line of reasoning. Brevity is both the demerit and merit of the book; it is the demerit, because the short, jerky sentences make the style rather unpleasant; it is the merit, because we can more quickly grasp the ideas of the author. Notwithstanding evident drawbacks it is highly probable that readers and thinkers will receive many useful suggestions and much material for thought in the author's reflections on this speculative topic.

THE ANATOMY OF THE PERITONEUM. By Franklin Dexter, M. D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons (Columbia University, New York), with 30 illustrations. New York: D. Appleton & Co.; pp. 86.

Hitherto small space has been allotted by anatomists to the development of the peritoneum. Without any claims of originality, the author of this little work has so arranged the present knowledge of the subject, that the reader has before him an intelligible scheme as a basis of satisfactory research upon this most important subject. Very much of strength is added to the work by diagrammatic illustrations, without which the student would find it a difficult task to follow the text with accuracy. The author's persistent adherence to a method in developing his subject, which is apparent throughout the volume, is to be highly commended. It is to be earnestly hoped that Dr. Dexter will carry his method of analytical study into other of the individual anatomical structures.

DISEASES OF THE LUNGS, HEART AND KIDNEYS. By N. S. Davis, Jr., M.A., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital, etc. No. 14 Physicians' and Students' Ready-reference Series. In one neat 12mo. Philadelphia: The F. A. Davis Co. pp. 359; price, extra cloth, $1.25.

This volume is a very practical treatise on diseases of the lungs, heart and kidneys. The author does not explain why this triumvirate of viscera was selected as the basis of a new book. The following diseases have been denied consideration: Broncho-stenosis, syphilis of the lung, mediastinal diseases, chylothorax, neoplasms of the pleura, atrophy of the heart, congenital diseases of the heart, and nearly all the cardiac neuroses, excepting tachycardia and, perhaps, angina pectoris. A lack of arrangement is observed throughout the book; prognosis succeeding and in a few instances preceding treatment. The index is defective. Three stages of interstitial nephritis are recognized. Is it not already difficult enough to diagnose acute, chronic and interstitial nephritis from each other without contributing further prolixity to the subject? On page 223, he expresses the common-sense view that oxygen inhalations are no better than the taking of deep breaths, as the blood will not take up more oxygen if it is breathed pure, than when diluted as in common air. On page 81 he contradicts himself by expressing unbounded faith in oxygen inhalations in relieving many of the symptoms of pulmonary edema. The fact is that oxygen inhalations accomplish no more than voluntary deep breaths. But this is only true when the lungs are healthy. In disease, however, the condition is reversed. Here oxygen inhalations do good, simply because the oxygen is an irritant to the peripheral vagus filaments, thus inducing the patient reflexly to take deep breaths. Inhalations of dilute ammonia or any other volatile irritant will accomplish the same end. The book will prove of value to the student, first, because it is practical; second, because all controversial matter is omitted, and third, because the subject of treatment is unusually good.

MEDICAL NEWS.

LICENTIATES OF THE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners, held March 7, 1893, the following physicians, having complied with the law and the regulations of this Board, were unanimously granted certificates to practise medicine and surgery in this State :

E. von Adelung, Jr., San Francisco; Med. Dept. Univ. of Cal., Dec. 13, '92.
John F. Alexander, Los Angeles; Med. Dept. Wooster Univ., Ohio, Feb. 26, '74.
Sam S. Boyle, Watsonville; Med. Dept. Univ. Tennessee, Feb. 24, '91.
Henry N. Brown, San Francisco; Harvard Med. Coll., Massachusetts, Mar. 10, '69.
William H. Clark, San Francisco; Cooper Med. Coll., California, Dec. 6, '92.
Alexander M. Cowie, San Diego; McGill Univ., Canada, Mar. 29, '87.
Emma E. Crook, San Francisco; Med. Dept. Univ. California, Dec. 13, '92.
Byron F. Dawson, Tehachapi; Med. Dept. Univ. Michigan, July 1, '86.
Hugh Goodwin, Lexington, Ky.; Med. Dept. Univ. Louisville, Ky., Mar. 1, '89.
Francis A. Harlow, Hoopa Valley; Northwestern Med. Coll., St. Joseph, Mo., Feb. 20, '90.
John M. Heinimann, East Oakland; Med. Dept. Univ. California, Nov. 5, '77.
Samuel L. Herring, Fresno; Coll. Phys. and Surgeons, Maryland, Mar. 1, '81.
A. Clarence Himoe, Needles; Kansas City Med. Coll., Missouri, Mar. 10, '90.
Francis F. Knorp, San Francisco; Cooper Med. Coll., California, Dec. 6, '92.
Joseph L. Milton, Oakland; Med. Dept. Univ. California, Nov. 10, '91.
Theodore Milen, San Francisco; Northwestern Med. Coll., St. Joseph, Missouri, Feb. 26, '89.
W. J. Murphy, Napa; Albany Med. Coll., New York, Mar. 3, '81.
John Archibald Nelson, Sacramento; Med. Dept. Univ. California, Dec. 13, '92.
Thomas B. Rankin, Redondo Beach; Med. Coll. of Indiana, Feb. 27, '80.
W. T. Rathbun, San Francisco; Med. Dept. Univ. California, Dec. 13, '92.
James H. Seymour, San Francisco; Cooper Med. Coll., California, Dec. 6, '92.
William F. Thurston, Portland, Or.; Royal Coll. Surg., Eng., Apr. 27, '66; Royal Coll. Phys.; Edinburgh, Scotland, June 18, '66.
Thad. S. Up de Graff, Pasadena; Jefferson Med. Coll., Pennsylvania, April 2, '83.
Frances F. Wetmore, Hilo Hawaii, H. I.; Woman's Med. Coll., Pennsylvania, Mar. 16, '82.
Charles E. Wing, Arroyo Grande; Chicago Med. Coll., Illinois, Mar. 22, '70.

CHAS. C. WADSWORTH, Secretary.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific), from February 20, 1893, to March 20, 1893.

By the authority of an Act of Congress, approved February 8, 1893, Captain James A. Finley, Assistant Surgeon, is, by direction of the President, placed upon the retired list of the Army, to date from February 16, 1893, the date of his acceptance of his appointment under the provisions of said act.

Captain Marcus E. Taylor, Assistant Surgeon will be relieved from duty at Vancouver Barracks, Washington, at the expiration of his present leave of absence, and will report in person to the commanding officer, Fort Logan, Colorado, for duty at that post.

Leave of Absence for one month is granted Captain N. S. Jarvis, Assistant Surgeon Fort Apache, Arizona.

The leave of absence granted Lieutenant Charles Wilcox, Assistant Surgeon is extended one month.

Leave of absence for one month with permission to apply for an extension of one month, is granted Lieutenant-Colonel Charles C. Byrne, Deputy Surgeon-General, Medical Director. Par. 5, S. O. 48, Dept. of the Columbia, March 20, 1893.

During the absence on leave of Lieutenant-Colonel Charles C. Byrne, Deputy Surgeon-General, the senior medical officer at Vancouver Barracks, Wash., will take temporary charge of the office of the Medical Director of the Department, in addition to his duty as Post Surgeon. Par. 6, S. O. 44, Dept. of the Columbia, March 20, 1893.

Official List of Changes in the Medical Corps U. S. Navy (Pacific Station) from February 20, 1893, to March 20, 1893.

Surgeon George F. Winslow reported for duty on board the U. S. Coast Defense Vessel "Monterey," at Mare Island, Cal., on February 24th.

Past Assistant Surgeon William F. Arnold reported for duty on board the same ship, at Mare Island, on March 8th.